



Sierra Military Health Services, Inc.

B Care Program

111 MARKET PLACE, SUITE 410, BALTIMORE, MARYLAND 21202

1-800-903-5336

PATIENT INFORMATION

Self Provider Other (explain)

HOW DID YOU HEAR OF THIS PROGRAM?

PROGRAM NOTIFICATION DATE (MM/DD/YY)

EXPECTED DELIVERY DATE (MM/DD/YY)

PATIENT SOCIAL SECURITY NUMBER

SPONSOR SOCIAL SECURITY NUMBER

RELATIONSHIP TO SPONSOR:
(CHOOSE ONLY ONE)

Self Spouse Daughter

Other _____

PATIENT ENROLLMENT STATUS: (CHOOSE ONLY ONE)

- TRICARE STANDARD
- TRICARE PRIME
- ENROLLMENT PENDING

BRANCH OF SERVICE

- Army Navy
- Air Force Marines
- Coast Guard Public Health
- NOAA

SPONSOR DUTY STATUS:
(CHOOSE ONLY ONE)

- Active Active-Deceased
- Retired Retired-Deceased

PAY GRADE:

- E4 and below E5 and above

OBSTETRIC PROVIDER INFORMATION

MTF NAME (IF APPLICABLE)

PROVIDER IDENTIFICATION NUMBER

GROUP NAME/AFFILIATION

PROVIDER'S EMAIL ADDRESS

PATIENT'S PRIMARY CARE PHYSICIAN

SECONDARY REFERRAL

PROVIDER IDENTIFICATION NUMBER

GROUP NAME/AFFILIATION

PROVIDER'S EMAIL ADDRESS

Self Provider Other (explain)

HOW WERE YOU REFERRED TO THIS PROVIDER?

OFFICE USE ONLY – TO BE COMPLETED BY PROGRAM MANAGER

IDENTIFIED RISK FACTORS:
PLEASE LIST ONE PER LINE

PATIENT TRANSFERRED TO PROMEDEX?

RECEIVED RISK ASSESSMENT?

NOTES TO PROMEDEX: