



Horizon Blue Cross Blue Shield of New Jersey

# MLTSS Community Alert Form

Date of Notification:	
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## Member Information

Member Name:	
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Member ID:	
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## Provider Information

Provider Name:	
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Provider ID:	
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## Unable to Reach Member Alert

If you have been unable to service a member because the member is unable to reach or refusing services:	Reason:	Date of Last Contact:
		Last Date of Service:

## Hospital Admission Alert / Emergency Room Alert (regardless of the primary payer)

Admission Date:	Hospital Name:
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## Fall Alert

Date of Fall:	Medical Attention Required (Y/N):	Reason for Fall:
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## Notification of Death

Date of Action:	
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## Comments:

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Completed By:	
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Phone Number:	
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To report an incident, please fax this form to Horizon NJ Health's MLTSS Staff at **1-973-274-3864** or email to [MLTSS\\_Alerts@HorizonBlue.com](mailto:MLTSS_Alerts@HorizonBlue.com).