



An independent licensee of the
Blue Cross® and Blue Shield® Association
serving residents and businesses
of Minnesota

Out of Network Halfway House Admission

Please fax information to (651) 662-0718. For questions contact 1-800-365-2735.

CONFIDENTIAL

COMPLETE AND RETURN with ONLY the PLACEMENT SUMMARY for the Rule 25 Assessment

- Patient Name _____
- Member ID# _____
- Date of Birth _____
- Date of Admission _____
- Diagnosis Code(s) _____
- Admitting Physician _____
- Facility Name _____
- Facility Address _____
- Phone # (____) _____
- Fax # (____) _____
- Contact Person _____
- Provider Fed Tax ID # _____
- Provider # _____
- County Contract
Program Rates _____

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