



Referral for Care Management Services

For questions regarding prior authorizations, prescriptions and benefits, or for help locating a provider please call our Provider Services Team at (800) 665-1029.

- URGENT:** select only for issues or situations that must be addressed within 1-2 business days.
- **EMERGENCY** issues to protect the safety of the member and/or others: call 911 or your local crisis line.

Referral Source Information:

Referring Provider: _____	Clinic Name: _____
Contact Name (for questions regarding referral): _____	Phone Number: _____

Patient Information:

Patient Name: _____	DOB: _____
Parent/Guardian Name: _____	Relationship: _____
Patient's Address (or current location): _____	County: _____
Phone Number: _____	Member ID: _____

Reason for Referral: *Please attach clinical notes if available.*

Case Management:

<input type="checkbox"/> Collaborate care between BH, SUD, Medical, Hospitals and IP Facilities	<input type="checkbox"/> Assist with complex care coordination
<input type="checkbox"/> Guide member in self-managing health conditions by goal setting and intervention	<input type="checkbox"/> Transitions of care
<input type="checkbox"/> Educate on appropriate utilization of Medical/BH services	<input type="checkbox"/> Other: <i>Describe:</i> _____

Community Connector:

<input type="checkbox"/> Housing programs	<input type="checkbox"/> Transportation
<input type="checkbox"/> Food programs	<input type="checkbox"/> Community-based programs: <i>Describe:</i> _____
<input type="checkbox"/> Medical/Behavioral Health referral assistance	

Please only send one member referral per fax. For additional questions, please call us at (855) 322-4082, (TTY: 711).