

Case Management Referral Form

All information contained on this form is strictly confidential and may become part of your patient's record.

| Member in | formation | | |
|---|-------------------------|--|--|
| Member name: | Member DOB: | | |
| Amerigroup member ID #: | Gender: | ☐ Male ☐ Female | |
| Member phone #: | Alternate phone #: | | |
| Referring physician name: | Referral date: | | |
| Referring physician phone #: | Fax #: | | |
| Complex healt | h condition(s) | | |
| ☐ Asthma | ☐ High risk pregnan | ☐ High risk pregnancy | |
| ☐ Bipolar disorder | ☐ Hypertension | ☐ Hypertension | |
| ☐ Coronary artery disease | ☐ HIV/AIDS | ☐ HIV/AIDS | |
| ☐ Congestive heart failure | ☐ Major depressive | ☐ Major depressive disorder | |
| ☐ Chronic obstructive pulmonary disease | ☐ Substance use dis | ☐ Substance use disorder | |
| ☐ Diabetes | ☐ Other (explain in | ☐ Other (explain in reason for referral) | |
| Reason fo | r referral | | |
| | | | |
| Additional | comments | | |
| | | | |
| Please fax form to the app | propriate number below: | | |
| OB case management: 1-866-249-1180 | | | |
| Physical health case management: 1-866-249-1185 | | | |
| Behavioral health case management: 1-844-664-7176 | | | |

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

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