Amerigroup
An Anthem Company

https://providers.amerigroup.com

Case Management Referral Form

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

Member information			
Member name:		Member DOB:	
Amerigroup member ID #:		Gender:	☐ Male ☐ Female
Member phone #:		Alternate phone #:	
Referring physician name:		Referral date:	
Referring physician phone #:		Fax #:	

Complex health condition(s)	
☐ Asthma	☐ High risk pregnancy
☐ Bipolar disorder	☐ Hypertension
☐ Coronary artery disease	☐ HIV/AIDS
☐ Congestive heart failure	☐ Major depressive disorder
☐ Chronic obstructive pulmonary disease	☐ Substance use disorder
☐ Diabetes	☐ Other (explain in reason for referral)

Reason for referral

Additional comments

Please fax form to the appropriate 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.