

Coordination of care and treatment summary

In accordance with acceptable medical practice, Amerigroup Texas, Inc., for its STAR+PLUS Medicare-Medicaid Plan (MMP) program participants, requires network behavioral health care providers, primary care providers and other appropriate medical providers involved in a member's treatment to coordinate care. Complete this form and send it to the appropriate other provider(s) treating this member after obtaining written patient consent in compliance with all applicable state and/or federal regulations.

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| Member name: | Date of birth: |
| A. Your information | |
| Name: | Phone: |
| Practice name: | Address: |
| B. Other provider information | |
| Name: | Address: |
| Phone: | Fax: |
| C. Member clinical information | |
| 1. I am treating the member for the following diagnosis(es): | |
| 2. The member is taking the following prescribed medication(s) I prescribed: | |
| 3. (For behavioral health providers only) The member is engaged in the following psychotherapeutic intervention(s): | |
| Frequency of intervention(s): | |
| 4. Coordination of care issues/other significant information affecting medical or behavioral health care: | |
| Signature: | Date: |
| Fax or mail form to [list other provider(s)]: | Date mailed or faxed: |