STAR+PLUS Forms

STAR+PLUS Re-certification Form

Please complete all information and fax to AMERIGROUP's local Medical Management Department at 1-866-249-1294 at least seven (7) days prior to the new certification period.

Provider Name: _____
Type of Services: _____
Contact Person: _____
Telephone: _____ Fax: _____

Member's Name	Member's ID #	Authorization #	Current Certification Dates	Re-certification Dates	Care Coordinator

For further assistance, please call Provider Services at 1-800-454-3730.