Amerigroup
District of Columbia

Medicaid
https://provider.amerigroup.com/DC

Wellness Program Referral Form

Thank you for referring your patient(s) to our wellness program. This program offers weight management assistance to Amerigroup District of Columbia, Inc. enrollees ages 18 and older. Our team helps each enrollee establish individual goals and provides health coaching and resources over a six-month time period. All information contained on this form is strictly confidential and may become part of your patient's record.

Referring physician information		
Referring physician's name:		Physician NPI:
Referring physician's phone:		Referring physician's email:
Enrollee information		
Enrollee name:		
Enrollee ID:	Enrollee DOB:	Referral date:
Enrollee phone:		Enrollee email:
Health condition (See **CNDC eligible conditions**.):		Reason for referral:
Any additional details:		
Enrollee information		
Enrollee name:		
Enrollee ID:	Enrollee DOB:	Referral date:
Enrollee phone:		Enrollee email:
Health condition (See **CNDC eligible conditions**.):		Reason for referral:
Any additional details:		
Enrollee information		
Enrollee name:		
Enrollee ID:	Enrollee DOB:	Referral date:
Enrollee phone:		Enrollee email:
Health condition (See **CNDC eligible conditions**.):		Reason for referral:
Any additional details:		

Please email this form to Condition-Care-Provider-Referrals@amerigroup.com. For more information about the Condition Care Program, visit ***https://provider.amerigroup.com/dc-provider/patient-care/health-education/condition-care***.