

VIP Access to Care: Specialist Referral Form

Upon completion, please submit along with any relevant medical records by fax to [1-XXX-XXX-XXXX] or by email to PRinternalreferrals@amerigroup.com. Your request will be processed within 2 to 3 business days. Please note, failure to include necessary medical records could result in delayed processing.

Member name:	
Amerigroup Community Care member ID:	
Member date of birth:	
Member contact phone:	
Referring physician name and tax ID:	
Referring physician fax or email for confirmation:	
Specialty needed:	
Primary diagnosis/reason for appointment:	
Please indicate if the member has any appointment restrictions: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Any <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Any Other: _____	

If you have any questions or need additional assistance, call **1-833-405-9090** or email PRinternalreferrals@amerigroup.com. Our team is available Monday through Friday during normal business hours.

Upon completion, Amerigroup will notify the referring provider via email or fax number provided above. Amerigroup will notify the member of their scheduled appointment by phone and mail.