

## 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:			
Date of birth:			
Member ID:			
Gender:			
Member phone:		Alternate phone:	
Provider name:		Referral date:	
Provider phone:		Fax:	
Complex health condition(s):			
<input type="checkbox"/> Asthma	<input type="checkbox"/> High risk pregnancy (explain below)		
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Hypertension		
<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> HIV/AIDS		
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Major depressive disorder		
<input type="checkbox"/> Chronic obstructive pulmonary disease	<input type="checkbox"/> Social drivers of health (explain below)		
<input type="checkbox"/> Dental (explain below)	<input type="checkbox"/> Substance use disorder		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (explain below)		
Reason for referral and additional comments			

Please fax/send form to the appropriate number/email address below.

**STAR Kids members:**

- All services: [sk-service-coordination@amerigroup.com](mailto:sk-service-coordination@amerigroup.com)

**STAR, CHIP, STAR+PLUS members:**

- Obstetrics case management: **866-249-1180**
- Physical health case management: **866-249-1185**
- Behavioral health case management: **844-664-7176**

<https://provider.amerigroup.com/TX>

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.