

Date: _____

Member information	
Member name:	Date of birth:
Member ID number:	Phone number:
Parent or guardian name (if applicable):	

Primary care provider (PCP) information		
PCP name:	PCP ID number:	
Phone number:	Fax number:	PCP county:
Office contact name:	Follow-up preference? <input type="checkbox"/> Call <input type="checkbox"/> Fax	

Submitting provider information (if other than PCP)		
Provider name:	Provider ID number:	
Phone number:	Fax number:	Provider county:
Office contact name:	Follow-up preference? <input type="checkbox"/> Call <input type="checkbox"/> Fax	

Please check the appropriate reasons for referral (mark all that apply)	
<input type="checkbox"/> Non-compliance with prescribed medications	<input type="checkbox"/> Drug-seeking behavior
<input type="checkbox"/> Inappropriate use of emergency room	<input type="checkbox"/> Needs behavioral health assistance or services
<input type="checkbox"/> Not showing up for appointments or follow-up care	<input type="checkbox"/> Multiple missed appointments
<input type="checkbox"/> Limited or no knowledge of plan benefits	<input type="checkbox"/> Needs assistance locating specialty provider
<input type="checkbox"/> Frequent inpatient hospitalizations	<input type="checkbox"/> Problems or issues with care gaps
<input type="checkbox"/> Persistent or chronic mental or physical illness	<input type="checkbox"/> Pregnant member requesting engagement in Bright Start® maternity program
<input type="checkbox"/> Inappropriate use of outpatient services	<input type="checkbox"/> Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program referral
<input type="checkbox"/> Non-compliance with treatment plan	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Inappropriate behavior	

Please send this form to the Rapid Response and Outreach Team by fax at 1-855-806-6242.

Follow-up performed: _____

Comments: _____

Note: Rapid Response and Outreach Team to follow up with provider office staff after outreach to member to report interventions.

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