

**Referral to Presbyterian Care Coordination,
Case Management and Disease Management****Fax: (505) 843-3150 / Phone: 1-866-672-1242 or (505) 923-8858**

This form is for referring Presbyterian members to care coordination, case management and disease management. Fax the completed form to us. If you need help filling out the form, contact us at (505) 923-8858 or toll-free at 1-866-672-1242, Monday through Friday, from 8 a.m. to 5 p.m.

Member Information				
Member Name	DOB (DD/MM/YY)	SSN (no dashes or spaces)		Presbyterian Member ID Number (no dashes or spaces; include suffix)
Address	City	State	ZIP	(000-000-0000) format Phone 1: Phone 2:
Member Contact Person	Relationship	Daytime Phone		Language (required if other than English) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Navajo <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:
Referral Information (This is required and refers to the person submitting this form.)				
Referral made by (your name):		Phone:		
Date:		Dept.:		
Primary Care Physician (PCP):		PCP's Phone:		
Referral for:				
<input type="checkbox"/> ABP Exempt Evaluation:				
<input type="checkbox"/> Change in Level of Care of Care Coordination: (Medicaid Only)				
<input type="checkbox"/> Change in Condition Request:				
<input type="checkbox"/> Medical/Physical Health Dx:				
<input type="checkbox"/> Behavioral Health Dx:				
Reason for referral (be as specific as possible)*:				
*What is the member/power of attorney/provider/other asking for help with? Include background information that will be helpful to assess the member's needs more quickly.				
FOR HEALTH SERVICES USE ONLY				
Staff Assigned:				

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED. Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure without additional patient/member authorization is prohibited except as permitted by law. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.