

Referral to Presbyterian Care Coordination, Case Management, Disease Management

Fax: (505) 843-3150 / Phone: 1-866-672-1242 or (505) 923-8858

This form is to refer Presbyterian members to care coordination, case management, and disease management. Fax the completed form to us. If you need help completing this form, contact us at (505) 923-8858 or toll-free at 1-866-672-1242, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Member Information				
Member Name	DOB (DD/MM/YY)	SSN (no dashes or spaces)		PHP Member ID Number (no dashes or spaces-include suffix)
Address	City	State	ZIP	(000-000-0000) Phone 1: Phone 2:
Member Contact Person	Relationship	Daytime Phone (000-000-0000)		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):			Telephone: (000-000-0000)	
Date:			Dept.:	
PCP:			Telephone:	
Referral for:				
<input type="checkbox"/> ABP Exempt Evaluation: <input type="checkbox"/> Change in Level of Care of Care Coordination: (Centennial Care 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 health care. 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.

<<Rev. 8/2014>>
 PPC081406

Services are funded in part under contract with the State of New Mexico.
 Presbyterian exists to improve the health of the patients, members, and communities we serve.