

Referral to Case Management Services

Amerigroup Washington, Inc. — Case Management Referral
 Fax: 1-855-231-8665 Email: cmrefwash@amerigroup.com

Date: _____

Referral source	
Person making referral:	Phone:
Referring provider:	Phone:
Clinic name:	
Patient/member information	
Patient name:	DOB:
Patient address/current location:	
County:	Phone:
Amerigroup member number or ProviderOne ID:	
Reason for referral	
Member needs support with the following areas (Check all that apply. Attach clinical notes if available.):	
Case Management	
<input type="checkbox"/> Medical- or trauma-related	<input type="checkbox"/> Multiple hospitalizations or emergency department visits
<input type="checkbox"/> Mentally or physically handicapped/developmentally disabled	<input type="checkbox"/> Organ transplant/failure
<input type="checkbox"/> Behavioral health/chemical dependency	<input type="checkbox"/> Pediatric/children with special health care needs
Disease Management	
<input type="checkbox"/> Systemic lupus erythematosus	<input type="checkbox"/> Rheumatoid arthritis
<input type="checkbox"/> Myasthenia gravis	<input type="checkbox"/> Crohn's disease
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Ulcerative colitis
<input type="checkbox"/> Scleroderma	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> Polymyositis	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)	<input type="checkbox"/> HIV
<input type="checkbox"/> Amyotrophic lateral sclerosis (also known as Lou Gehrig's Disease)	<input type="checkbox"/> Multiple sclerosis
<input type="checkbox"/> Dermatomyositis	<input type="checkbox"/> Epilepsy disorders (seizures)
<input type="checkbox"/> Gaucher disease	<input type="checkbox"/> Other (Please specify.):

If you have not received confirmation and result of this referral within seven business days, please call us at 1-855-323-4688, ext. 1061035173.