

Case Management Provider Referral Form

Please complete the information below to request case management services for a member in your care. Send the completed form:

•	Βv	fax	to:
•	υy	Iax	w.

ATTN: Case Management at 1-877-855-7558

• By mail to:

Amerigroup Community Care ATTN: Case Management 7550 Teague Road, Suite 500

Requesting Provider Information

Hanover, MD 21076

Date of request:		Office contact:		
Requesting provider:		Provider address:		
Requesting provider phone:		Requesting provider fax:		
		•		
Member Information				
Member name:		Date of birth (mm/dd/yyyy):		
Member ID number:		Primary care provider:		
Member contact number:		Member address:		
Request Information				
Primary diagnoses:				
Reason for request (Please provide brief summary):				
For Office Use Only				
(To be completed by the Amerigroup manager or designee)				
Date request received:	Outcome of request:			