



An Anthem Company

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Lead Care Management PCP Form

Fax completed forms to Elizabeth Wessolock, RN, lead case manager, at 1-877-244-1724. For questions, call 732-452-6000, ext. 732-452-6032.

Member information						
Name:						
ID number:		DOB:				
Last lead test						
Date of last routine well-child visit:						
Result:	<input type="checkbox"/> Venous sample <input type="checkbox"/> Capillary sample					
All previous lead tests						
Result:						
Date:						
Hemoglobin and hematocrit:			Date:			
Referrals						
Was the member referred to Women, Infants, and Children (WIC)?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the member referred to a dentist? The dental vendor is Liberty Dental (1-833-276-0848).						<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the member referred to Early Intervention Program (EIP)? (1-888-653-4463)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Member's last appointment with dentist:						
Medical information						
Are the member's immunizations up-to-date?*						<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have any other health or developmental problems? If yes, please list:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications:						
* Please include a copy of the member's immunization record with submission.						
Retest						
Plan for retest:						
Next appointment:						
Family information						
Siblings:			Lead level results:			
Parent information						
Name:						
Address:						
Phone:						