

**Referral to PHP/PIC Health Services
Care Coordination, Case Management, Disease Management**E-mail: phpreferral@phs.org Phone: 1-866-672-1242 Fax: (505) 213-0063

This form is to refer Presbyterian members to Care Coordination, Case Management, and Disease Management. Return the completed form to us by e-mail or fax. If you need help completing this form, contact us Monday through Friday from 8:00 a.m. to 5:00 p.m.

To complete form electronically: Use the "Tab" key on your keyboard to advance to each space. Type information directly into each space.

Member Information

Member Name		DOB	Social Security Number		Member ID Number
Address		City	State	ZIP	Phone 1: Phone 2:
Member Contact Person	Relationship		Daytime Phone		
Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Navajo <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:		Plan <input type="checkbox"/> Commercial, Group No. <input type="checkbox"/> Presbyterian Insurance Company (PIC) <input type="checkbox"/> Salud <input type="checkbox"/> Senior Care (HMO) <input type="checkbox"/> SCI <input type="checkbox"/> MediCare PPO			

REFERRAL INFORMATION

Referral made by:	Telephone:
Date:	Dept.:
PCP:	Telephone:
Referral for: <input type="checkbox"/> Medical: Dx: <input type="checkbox"/> Behavioral Health: Dx:	
Reason for referral (be as specific as possible): 	
This member has also been referred to: <input type="checkbox"/> Specialist: (list specialty) Specialist's Name: <input type="checkbox"/> Waiver Program: <input type="checkbox"/> APS <input type="checkbox"/> CPS	
Staff Assigned:	

FOR HEALTH SERVICES USE ONLY

<input type="checkbox"/> Care Coordination/Case Management	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Healthy Solutions (Disease Management)
<input type="checkbox"/> Administrative Referral (for PHP/PIC use only)		