PRESBYTERIAN

**Presbyterian Health Plan (PHP)**
**Presbyterian Insurance Company, Inc. (PIC)**
**Presbyterian Medical Group (PMG)**

# Referral to Presbyterian Integrated Care Solutions or to PMG Care Coordination, Case Management, Disease Management

**E-mail:** phpreferral@phs.org
**Fax: (505) 213-0063**
**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 the numbers listed above. You can reach us 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)<br>**Phone 1:**<br>**Phone 2:** |
| **Member Contact Person** | **Relationship** | **Daytime Phone** (000-000-0000) | | **Language** (required if other than English)<br>☐ English ☐ Spanish<br>☐ Navajo ☐ Vietnamese<br>☐ 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:**
☐ Medical/Physical Health Dx:
☐ 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 the Case Manager. This will help us assess the member's needs more quickly.**

**FOR HEALTH SERVICES USE ONLY**

**Staff Assigned:**

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