

Case management referral form

Instructions: To facilitate timely review, please include the completed form in its entirety. You may submit additional pages pertinent to the request. Please fax this form to **(877) 200-0401**.

Date: _____ Are medical records attached to this referral? Yes No # pages: _____

Beneficiary demographics

Name: _____

DOB: _____ Sponsor SSN (last four digits): _____ TRICARE ID: _____

Sponsor name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Referral information

Point of Contact (POC): _____ Referral date: _____

Military hospital or clinic name (if applicable): _____

POC phone: _____ POC ext.: _____ POC Fax: _____

POC E-mail: _____

Physician information

Name: _____ Suffix: _____ Title: _____

Phone: _____ Ext.: _____ Specialty: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Tax ID/NPI: _____

Please describe diagnosis/clinical history (including social problems):

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Beneficiary name: _____

Referral reason

- Beneficiary transfer requiring coordination
- Burn injury requiring a burn unit
- Catastrophic illness or injury, amputation, multiple trauma
- Chronic condition resulting in high resource consumption (e.g. hemophilia, Gaucher's disease)
- Chronic suicidal, lethal, dangerous behaviors
- Congressional or high profile case
- Dual behavioral health diagnosis clients with two or more relapses or hospitalizations in one year
- Eating disorder patient
- Extended Care Health Option (ECHO) other than mental health diagnoses
- ECHO for autism/Applied Behavior Analysis (ABA)
- High utilization of services, including multiple providers without coordination of care
- Hourly nursing > four hours/day
- Medical and mental health co-morbidity needing facilitation of communication between providers
- New quadriplegic or paraplegic
- Newly diagnosed patient requiring assistance with education about their illness and resources
- Planned Long Term Acute Care (LTAC) admission
- Post-traumatic stress disorder in Active Duty Service Member (ADSM)
- Pregnancy with significant identified risks
- Premature Infant, ventilator dependent >24 hours and/or weight <1500 grams
- Referral to Residential Treatment Center (RTC) has been denied
- Transplantation evaluation or procedure (Solid organ or bone marrow/peripheral stem cell)
- Traumatic Brain Injury (TBI), spinal cord injury, stroke, blindness
- Ventilator dependent beneficiary