

Date: _____

Member information

Member name	Date of birth
Member ID number	Phone number
Parent or guardian name (if applicable)	

Submitting provider information

Provider name	Provider ID number
Phone number	Fax number
Office contact name	Provider county

Please check the appropriate intervention(s):

<input type="checkbox"/> Appointment no-show <input type="checkbox"/> Behavioral health assistance or service <input type="checkbox"/> Care Management engagement <input type="checkbox"/> Developmental screening issues <input type="checkbox"/> Drug-seeking behavior <input type="checkbox"/> Emergency room mis-utilization <input type="checkbox"/> Medication noncompliance <input type="checkbox"/> Plan benefits: limited or no knowledge	<input type="checkbox"/> Referral for pregnant member to Bright Start® maternity program <input type="checkbox"/> Social determinant of health (food, education, housing, transportation, employment) <input type="checkbox"/> Tobacco cessation referral <input type="checkbox"/> Other:
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Additional information or comments:

Please fax this completed form to 1-866-208-8145.

Follow-up performed: _____

Comments:

Please address your questions regarding this communication to AmeriHealth Caritas Pennsylvania's Integrated Health Care Management department at 1-877-693-8271, option 2, or AmeriHealth Caritas Northeast at 1-888-208-5966.