



Member Referral Form (Priority Partners)

FOR PROVIDER USE ONLY

Complete this form and fax to the appropriate service department using the fax numbers below. You will receive a response form within 10 business days.

7231 Parkway Drive, Suite 100
Hanover, MD 21076

*Required information

Member Information:		Referring Provider Information:	
*Member name:	*Member ID#:	*Provider name:	*Tax ID or NPI:
*Address:		*Office contact name:	
*City, State, Zip:		Provider Email:	
*Phone #:	*DOB	*PCP Phone and fax	
Services Requested: Fill out the section and fax to the appropriate department. For questions about a service or program, contact the appropriate department using the provided phone or fax number.			
Care Management (P) 800-557-6916 (F) 410-424-4885 <input type="checkbox"/> Peds & Adults – Chronic Conditions		Health Education: (P) 800-557-6916 (F) 410-424-4885 Topic:	
Special Needs: (P) 410-424-4965 (F) 410-424-4887 <input type="checkbox"/> Interpretation Services <input type="checkbox"/> Homeless Member <input type="checkbox"/> Foster Care Member <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Other		Pregnancy Services: (P) 800-557-6916 (F) 410-424-4885 <input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> Adolescent (Under 18) <input type="checkbox"/> Has Chronic Disease <input type="checkbox"/> Substance Abuse <input type="checkbox"/> History of Pre-Term Birth	
Member Services VBP Outreach: (P) 844-288-9593 (F) 410-424-4030 Has member missed (3) three consecutive appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Regular appointment including sick visit <input type="checkbox"/> VBP/HEDIS-Missed Appointment - Measure needed: _____ <input type="checkbox"/> Reassignment Review-Requires copy of certified letter to member explaining your disengagement and submitted with this form Reason: <input type="checkbox"/> Continuous non-compliance with medical advice, diagnostic and treatment protocols <input type="checkbox"/> Rude, disruptive, or abusive behavior with provider and staff <input type="checkbox"/> Repeated failure to maintain three (3) or more scheduled appointments			
New Member Welcome: (P) 1-800-848-1196 Did member miss the first initial New Member Appointment with PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REM Program (F) 410-762-1638 <input type="checkbox"/> Possibly Eligible for the REM program			