



Member Referral Form (Priority Partners)

FOR PROVIDER USE ONLY

6704 Curtis Court
Glen Burnie, MD 21060

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. For questions about this referral form, call the Provider Relations department at 1-888-895-4998

*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:	
*DOB:	*Phone #:	*Phone #:	*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/Population Health: (P) 800-557-6916 (F) 410-424-4885			
<input type="checkbox"/> Peds & Adults – Chronic Conditions <input type="checkbox"/> End-Stage Renal Disease			
Pregnancy Services: (P) 410-762-5355 (F) 410-762-5215			
<input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> Missed Postpartum Visit (refer after first missed visit)			
<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.			
Health Education: (P) 800-957-9760 (F) 410-424-4030			
Topic:		Does member have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Other			
Member Services: (P) 800-654-9728 (F) 410-424-4030			
Has member missed three consecutive appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of appointment: <input type="checkbox"/> New Member <input type="checkbox"/> Other			
<input type="checkbox"/> Verify PCP <input type="checkbox"/> Reassignment Review *Requires copy of certified notification letter to member explaining your disengagement decision to be submitted with form			
Reason:			
VBP/HEDIS Outreach: (P) 844-288-9593 (F) 410-762-5388			
Has member missed two appointments in a row? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Verify PCP <input type="checkbox"/> VBP Missed Appointment/Measure: <input type="checkbox"/> Unable to locate member to schedule VBP appointment			
REM Program (F)410-762-1638			
<input type="checkbox"/> Possibly Eligible for the REM program			