Johns Hopkins US Family Health Plan (USFHP)
Care Management Services Referral Form

FOR PROVIDER USE ONLY

7231 Parkway Drive,
Suite 100
Hanover, MD 21076

Complete this form and fax to the Care Management department at 410-424-4885.

You will receive confirmation once processed.

Questions? Call the Clinical Screening department at 1-800-557-6916.

**Required*

Member information:			
*Date:	*Referring provider/ Care Manager:		
*Member name:	*Referring phone:		
*Member ID#:	Emergency contact:		
*Member phone:	Emergency contact phone:		
*Member address:	City:	State:	Zip:

Services requested:

Health Promotion and Wellness

☐Health Education

☐Health Coach

Case Management Programs

☐Complex Case Management *(Peds & Adults)*

☐End Stage Renal/ Integrated Renal Solutions

☐Partners with Mom *(Maternity)*

Detailed reason for referral:

Care Management Services Follow-up Completed
FOR INTERNAL USE ONLY

☐Contact made with member

☐Referral forwarded to Department:

☐Next steps

☐Follow up needed

Care Management representative: Date:

Notes: