



Hoosier Alliance

Case Management Referral

In order to assist you in your plan of care, please complete this form, fax it to the number indicated, and one of our Case Management Staff will contact the member.

Thank you.

*THE CASE MANAGEMENT STAFF
Phone 1-888-961-3100*

FAX TO: MDwise Hoosier Alliance	FAX #: 1-888-465-5581
FROM:	FAX#:
	PHONE #:

Please check Appropriate Team:

Medical Case Management

Behavioral Health Case

Management

Please Check appropriate program:

HHW – Hoosier Healthwise

HIP Healthy Indiana Plan

Member aware of referral yes no

*Member Name: _____
*RID#: _____ DOB: _____
Address _____
*Phone: (____) _____
(*required information)

Please check all that apply:

Child/Adult with special health care need

Co- morbid conditions

High Risk Pregnancy

High Cost or High Volume DME

Multiple ER Visits

Readmission for same diagnosis

Please circle all that apply:

Hemophilia, Sickle Cell, Cancer, CHF, Congenital Defects, Coronary Heart Disease, Diabetes, High Risk Pregnancy, Failure to thrive infants, Asthma, Multiple trauma, CVA, Cerebral Palsy, Multiple Sclerosis, Spinal Cord Injuries, Traumatic Brain Injuries, Pain Management, Premature Infants, Cystic Fibrosis, AIDS/HIV, Solid Organ Transplant, and / or Stem Cell Transplant, and Behavioral Health issues.

Other Diagnoses _____

Comments:

Received by: _____ Date: _____

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