RightCare
SCOTT&WHITE HEALTH PLAN
Now part of Baylor Scott & White Health

RIGHTCARE CASE MANAGEMENT REFERRAL FORM

REFERRING PROVIDER INFORMATION

NAME: _____ CONTACT NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

NPI: _____ TPI: _____

MEMBER INFORMATION

NAME: _____ MEDICAID NUMBER: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

PARENT(S)/GUARDIAN (IF APPLICABLE): _____

REASON FOR CASE OR DISEASE MANAGEMENT REFERRAL

□ Major organ transplant
□ Treatment plan adherence
□ Asthma
□ Complex medical condition(s)
□ Community Resources
□ Nutrition
□ Parenting
□ Treatment Plan adherence
□ Exercise
□ Tobacco Use
□ Behavioral health
□ High Risk Pregnancy
□ Abuse/Overuse of emergency room
□ Abuse of doctor/staff
□ Childhood illness Diabetes
□ Multiple chronic conditions
□ Cardiac
□ Transportation
□ Diabetes
□ Tobacco Cessation Program
□ Child/Adult or adult with special health care needs
□ Migrant Farm Worker family
□ Medication teaching and/or adherence support
□ Prenatal Routine

Reason considered high risk: _____

Estimated Date of Delivery: _____

□ Other: _____

ADDITIONAL COMMENTS

_____

_____

For RightCare Members Only
Fax to RightCare Medical Management at 512-383-8703
Referrals may also be called in by telephone to 1-855-691-7947, Option 2