

Date: _____

Member information

Member name	Date of birth
Member ID number	Phone number
Parent/guardian name (if applicable)	

Dental provider information

Provider name	Group name
Provider NPI	Group TIN
Phone number	Fax number
Office contact name	Best time to call back

How would you like to be notified of the referral final outcome?

Phone number (if different from above):

Fax number:

Email:

Please check the appropriate intervention(s):

Not showing up for appointments or follow-up care

Pregnant member requesting engagement in Bright Start® maternity program

Education on the importance of following a treatment plan

Other: _____

Education on proper use of the emergency room

Limited or no knowledge of plan benefits

Assistance needed with the following social determinants of health domains:

Noncompliance with office policies or procedures

Food insecurity resources

Requesting referral to Tobacco Cessation program

Housing resources

Requesting referral to Care Management program

Transportation resources

In need of behavioral health/drug or alcohol assistance

Other (specify): _____

Additional information/comments:

Please fax this form to the Rapid Response and Outreach Team at 1-866-208-8145.

Follow-up performed: _____

Comments: