

# ANTIDOTE HEALTH CASE MANAGEMENT REFERRAL FORM

If your patient with Antidote Health medical coverage is suddenly faced with a complex medical condition, our case management team can help.

Our case management team has trained health care specialists with the skills, experience, and compassion to assist you and your patient with navigating health services. Our case managers work closely with your patient, his or her family, and other health care professionals to coordinate access to care, explore service and funding source alternatives, monitor progress to established goals (set forth by you and the patient), assist with coordinating discharge planning and follow-up, and help ensure the patient’s benefits are used effectively.

If you think a case manager could help your patient, please complete and submit this form.

Patient Information	
Patient Name (first and last)	
Patient Phone Number	
Patient ID (from ID card)	
Patient Date of Birth (mm/dd/yyyy)	
Referring Health Care Professional Information	
Referring Provider Name	
Provider Phone number	
Referral date (mm/dd/yyyy)	
Diagnosis	
<p><b>Reason for referral (select all that apply)</b></p> <ul style="list-style-type: none"> <li>Address healthcare barriers</li> <li>Address medication access, safety, and adherence</li> <li>Anticipated high-cost treatments (chemotherapy, dialysis, transplant, etc.)</li> <li>Care coordination</li> <li>Education related to new medical condition</li> <li>ESRD/Dialysis</li> <li>Financial/Social Support</li> <li>Help improving self-care practices</li> <li>High Risk OB/High Risk Neonate</li> <li>Management of multiple comorbidities</li> <li>Understanding Medical Condition</li> <li>Trauma/Major Medical Event (MI, CVA, etc.)</li> <li>Potential Transplants</li> <li>New Cancer Diagnosis</li> <li>Other</li> </ul> <p>If other, please specify:</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	
Has the patient agreed to receive an outreach call?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Would you like to receive a call from a case management team member to discuss your patient's case?**

Yes

No