



PHONE 877-252-6002 | FAX 405-213-1145

REFERRAL SOURCE					
	Primary Care Provider		Emergency Department		Community Agency
	Specialty Provider		Caseworker/DC Planner		Transition Coordinator
	Other:				

*Member Name:		*Member ID:	
*Member DOB:		*Member Phone:	
*Contact Name:		*Contact Phone:	
Relationship to Member:		Language Preference:	

REASON FOR REFERRAL					
Assistance with Out of State Needs:		Complex Care Management Needs including but not limited to:		Social Services Coordination:	
	At risk newborn or child with special needs		Chronic Health issues		Meals
			Diabetes		Lodging
	Medication review needed		High Blood Pressure		Assistance with transportation
			Heart Disease		
	High emergency department utilization		Arthritis		Community Resources
			Sickle Cell Disease		
	Other:				

Admin: 405-522-7300
Helpline: 800-987-7767