



Health Care Guidance Program

Coordinating with you for better care!

Patient Real Time Referral

Please fax to:

Attn: Health Care Guidance Program Coordinator

Fax Number (secure): 1-800-542-8074

Should you have a question, please call 1-855-606-7875.

Date being sent: ____/____/____

Patient Information:

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ DOB: _____

Telephone Number (s) Home: _____

Cell: _____

Gender: F M Medicaid ID#: _____

Health reason for referral: _____

Referring Provider's Information:

Provider's First Name: _____ Last Name: _____

NPI ID #: _____

Clinic Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____