



## Community Health Worker/Case Management

### Provider Referral Form

Use this form to refer an Aetna Better Health member for an outreach phone call and/or in-person home visit.

**Fax the completed form to 1-844-401-8174.**

Date: \_\_\_\_\_

#### MEMBER INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

#### PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Clinic/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact for Follow-Up: \_\_\_\_\_

#### PLEASE SELECT REASON FOR REFERRAL

Missed Appointments (minimum of 3 missed appointments)

Medications Not Picked Up

Date: \_\_\_\_\_

Type of Medicine: \_\_\_\_\_

High Emergency Room Use

Post In-Patient Discharge Follow-Up

Other –Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Aetna Better Health® of Illinois**  
3200 Highland Avenue, MC F648  
Downers Grove, IL 60515



▶ A Community Health Worker or Case Manager will make an outreach phone call and/or attempt a home visit for this referred member. This process may take up to 2 weeks.

▶ Aetna Better Health will send a faxed follow-up to the Referring Provider with the outcome of the outreach phone call and home visit attempt.