



1100 Circle 75 Parkway, Suite 1100

Atlanta, GA 30339

Phone: 1-800-504-8573

Fax: 1-866-532-8835

Chronic Condition Disease Referral Form

(Diabetes, Asthma, COPD, Coronary Artery Disease, Hypertension, Heart Failure, Chronic Kidney Disease)

| | |
|--------|------------------------------|
| To: | Complex Case Management Team |
| From: | |
| Phone: | |
| Date: | |

| | | | |
|-----------------|--|--------------|--|
| Member Name: | | HgA1c: | |
| DOB: | | Blood Sugar: | |
| Medicaid # | | | |
| Member Address: | | | |
| Phone: | | | |

PLEASE CHECK ALL RISK FACTORS ASSOCIATED WITH THIS MEMBER.

| | | | |
|--|--|--|--|
| | Behavioral Health Issues | | GFR \leq 90ml/min/1.73m ² |
| | Blood Pressure >130/80 mmHg | | HDL > 40mg/dl |
| | Blood Sugar > 126mg/dl | | HgA1c > 7% |
| | Body Mass Index > 25 BMI | | Hypertension (w/Diabetes) |
| | Diabetes (newly diagnosed) | | LDL > 100mg/dl |
| | Drug Use/Abuse | | Pre-Diabetes: Blood sugar 100- 125 mg/dl |
| | Excessive Daily testing | | Triglycerides > 150mg/dl |
| | Financial/Psychosocial Concerns | | Urine Albumin > 30 μ g/mg creatinine |
| | Non-Compliance or Potential Non-Compliance | | Other: |

Please notify Peach State Health Plan of all high-risk members with chronic conditions by sending this form.



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WARNING: THIS FAX TRANSMISSION MAY CONTAIN

CONFIDENTIAL MEDICAL INFORMATION

**The medical information that may be contained in this FAX
transmission is CONFIDENTIAL AND PRIVILEGED**

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