



Health Choice Arizona
Pediatric / NICU Case Management Referral Form

Please send to

Pediatric / NICU Case Management
pediatricscmhch@steward.org

Enter priority on subject line (Routine or Urgent)
Fax (480) 317-3358

Referral Priority:

Urgent (0 - 2 days) Routine (1-5 days)

Member Name: Date of Birth:
ID Number: Phone:
Address: City: Zip:
PCP: PCP Phone:
PCP Address: City: Zip:

Case Management's goal is improvement in patient outcomes and satisfaction, high quality care and cost effectiveness of outpatient care, and appropriate utilization of inpatient stays.

Please check any of the following criteria:

- ER visits or admits (2+ a month)
Chronic diagnosis or
Behavioral / mental health
Non-compliance with treatment / medications
ADL / financial or social problems
Education need

NICU - In-patient

- Cardiac Defects Apnea
RDS Congenital defects
Failure to thrive Other:
< 34 Weeks

NICU - Graduate

- Cardiac Defects Apnea
RDS Congenital defects
Failure to thrive Other:
< 34 Weeks

Why is member being referred to Case Management?

Diagnosis:

(HC) Person Referring: Phone: Date:
Who called HC about this referral? Phone:

Case Management findings and follow-up notes: