



HSCSN Enrollee Referral Form for MedNovate Connect Medication Therapy Management

This form must be completed by an HSCSN Care Manager, Pharmacist, approved provider or MedNovate Connect. After completion and approval send to Leslie Addison, Manager, Pharmacy Services at fax: 202-580-6484 or email LAddison@hschealth.org

IMPORTANT TO NOTE: This request will not be processed unless all the items below are completed.

DATE OF REFERRAL:		
PROVIDER REFERRAL:	ENROLLEE:	
Provider Name:	Enrollee Name:	
MD NP Care Manager	Enrollee ID: DOB:	
Other (Specify) Provider NPI #:	Gender Identity: □ Male □ Female □ Trans Man □ Trans Woman □Genderqueer/Non-binary □ Other:	
Provider Phone #:	Primary language(s):	
Provider Fax #:	Translation required: Yes No	
Provider Email:	Phone #:	
Provider Signature:	Email Address:	
	Address:	
	Zip Code:	
Enrollee Current Diagnosis:		
CARE MANAGER:		
Care Manager Name:		
Care Manager Phone #:		
Care Manager Email:		





REFERRAL REQUESTED BY:		
DUR Committee Behavioral Health Disease Management Care Management	(Fill out the following information, ONLY if enrollee is under 18 years of age) Parent/Guardian Name: Relationship to Enrollee: Email Address for Parent/Guardian/Enrollee:	
Reason for referral: (Check all that apply) Non-adherence High risk medications Cost Polypharmacy/Complex medication regimen Other (Specify)		
(For HSCSN internal Use Only)		
Referral Approved: Yes No		
Authorized Signature/Title:		
Date:		





For more information visit hscsnhealthplan.org. For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. <u>English.</u>

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30

p.m. Un representante se complacerá en asistirle. <u>Spanish.</u>

የእንግሊዝንኛ ቋንቋ መና7ርና ማንበብ የማይችሉ ከሆነ ከጧቱ 7፡00 ሰዓት እስከ ቀኑ 5፡30 ባለው 2ዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግንኘት ይችላሉ። <u>Amharic.</u>

> Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. <u>Vietnamese.</u>

如果您不能講和/或不能閱讀英語, 請在上午 7:00 到下午 5:30 之間給 202-467-2737打電話, 我們會有代表幫助您。 <u>Chinese.</u> 영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 0시 00분에서 오후 0시 00분 사이에 202-467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. <u>**French.**</u>



METARE GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.