

Optional Self-Referral for Case Management

If you would like a member of our Case Management team to contact you, please complete the information below. Our Case Management nurses can assist you in obtaining optimal medical and pharmacological services for complex medical conditions (such as diabetes, asthma, heart disease). **Case Management services are provided at no cost!**

Please send this form to us via fax (417) 269-2919. We look forward to helping you!

Your First/Last Name: _____ Date of Birth ____/____/____

Employer Group Name: _____

Most convenient way to reach you by phone between 8:00AM – 5:00PM:

Home: _____ Cell: _____ Work: _____

E-Mail: _____

Your Primary Care Provider (First, Middle, Last Name): _____

Location: _____ Phone: _____

Spouse Primary Care Provider: _____ Location: _____

Dependent Primary Care Provider: _____ Location: _____

Dependent Primary Care Provider: _____ Location: _____

Pharmacy: _____ Location: _____

Please check all that apply:

- I would like to discuss my medical care.
- I would like to review my prescriptions.
- Need new PCP due to network change.