

# MemberConnections® Referral Follow-Up

This is a resolution of a MemberConnections® referral received from your office.



Date:

## MEMBER INFORMATION

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

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

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

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

## REFERRAL INFORMATION

Date of Referral: \_\_\_\_\_

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

Referral Reason: \_\_\_\_\_

## OUTCOME

Date(s) of Outreach Attempts:

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

## RESOLUTION

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

## MEMBERCONNECTIONS® REPRESENTATIVE

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

Phone \_\_\_\_\_

► Please contact the MemberConnections® Representative with any questions regarding this resolution.