

## **NAVIGATION REFERRAL - MATERNITY**

(TO GELLERT HEALTH)

**Questions?** Please call the Gellert Health referral line and a team member will help arrange member onboarding. **(480)710-0195** 

**To Email in Referral:** Please fill out the following form and email to the designated referral inbox. **Referrals@gellerthealth.com.** 

**To Fax in Referral:** Please fill out the following form and send via fax to the Gellert Health fax line. **(833)542-0021**Spanish-Speaking Only:

AHCCCS ID:	PATIENT INFORMATION			
Referral Date:	Name:	DOB:		
ACCCS ID:	Phone Number:	Address:		
AHCCCS ID:	Referral Date:	Patient Ema	il:	
Does Patient have a Medicare Primary Insurance? YES NO Molina Complete Care Mercy RBHA  IS THIS PATIENT CURRENTLY IN A FACILITY? (Skilled Nursing Facility, Hospital, Inpatient, etc.) YES NO  Facility Name: Facility Address: Facility Address:  Contact Name: Contact Phone Number: REASON FOR REFERRAL  Please Provide a Summary of the Patient's History, Presenting Needs, and Reason for Referral:  Currently Pregnant? YES: NO: Due Date: Specific Variable Specific V	INSURANCE INFORMATION			
SERVICES NEEDED   Currently Pregnant? YES: NO: Due Date:   SDOH Assistance   Medical Compliance   Speciality Appointment Assistance   Medical Compliance   All of the Above   Appointment Coordination   Transportation   Transpo	AHCCCS ID:			,
Facility Name: Facility Address:	Does Patient have a Medicare Primary Insurance? YES NO			,
Contact Name: Contact Phone Number:	IS THIS PATIENT CURRENTLY IN A FAC	CILITY? (Skilled Nursing	g Facility, Hospital,	Inpatient, etc.) YES NO
REASON FOR REFERRAL  Please Provide a Summary of the Patient's History, Presenting Needs, and Reason for Referral:  Currently Pregnant? YES: NO: Due Date:	Facility Name:	Facility A	ddress:	
Please Provide a Summary of the Patient's History, Presenting Needs, and Reason for Referral:  Currently Pregnant? YES: NO: Due Date:  SERVICES NEEDED  Peer Support	Contact Name:	Contact P	hone Number:	
SERVICES NEEDED  Peer Support	REASON FOR REFERRAL			
SERVICES NEEDED  Peer Support	Please Provide a Summary of the Patient's	History, Presenting Ne	eds, and Reason fo	or Referral:
SERVICES NEEDED  Peer Support	Currently Pregnant? Y	ES: NO: D	ue Date:	
Medical or Behavioral Health Diagnoses:  Please Provide the most Specific ICD 10 Code (Highest Level of Specificity when Possible)  Some Common Codes are Listed Below for your Convenience  F32.0 (Major Depression)  F41.1 (Generalized Anxiety)  E10.8 (Type 1 Diabetes)  F43.10 (PTSD)  I10 (Hypertension)  I82.499 (Acute Embolism/Thrombosis)  J44.9 (COPD)  C014.90 (Pre-Eclampsia)  O24.419 (Gestational Diabetes)  O09.90 High-Risk Pregnancy, Unspecifiee  F11.90 (Opioid Use)  F53.0 (Postpartum Depression)  O09.21 (Current Pregnancy with History  O60.10 (Pre-Term Labor w/  Pre-Term Delivery)  Provider Name:	Peer Support Connection to PCP Specialty Appointment Assistance	Behavioral Health Coordination Medication Compliance Assistance		Medical Compliance
Please Provide the most Specific ICD 10 Code (Highest Level of Specificity when Possible)  Some Common Codes are Listed Below for your Convenience  F32.0 (Major Depression) F41.1 (Generalized Anxiety) E10.8 (Type 1 Diabetes)  E11.8 (Type 2 Diabetes) F43.10 (PTSD) I10 (Hypertension)  I82.499 (Acute Embolism/Thrombosis) J44.9 (COPD) K74.69 (Cirrhosis of Liver)  O14.90 (Pre-Eclampsia) O24.419 (Gestational Diabetes) O09.90 High-Risk Pregnancy, Unspecifie  F11.90 (Opioid Use) F53.0 (Postpartum Depression) O99.30 (Insufficient Antenatal Care)  O99.21 (Current Pregnancy with History O60.10 (Pre-Term Labor w/ O75.9 (Complications of Labor & Pre-Term Delivery) Delivery, Unspecified)	DIAGNOSIS			
Some Common Codes are Listed Below for your Convenience  F32.0 (Major Depression) F41.1 (Generalized Anxiety) E10.8 (Type 1 Diabetes)  E11.8 (Type 2 Diabetes) F43.10 (PTSD) I10 (Hypertension)  I82.499 (Acute Embolism/Thrombosis) J44.9 (COPD) K74.69 (Cirrhosis of Liver)  O14.90 (Pre-Eclampsia) O24.419 (Gestational Diabetes) O09.90 High-Risk Pregnancy, Unspecifie  F11.90 (Opicid Use) F53.0 (Postpartum Depression) O09.30 (Insufficient Antenatal Care)  O99.21 (Current Pregnancy with History O60.10 (Pre-Term Labor w/ O75.9 (Complications of Labor & Delivery, Unspecified)  Provider Name:	Medical or Behavioral Health Diagnoses: _			
Phone: Email:	F32.0 (Major Depression)  E11.8 (Type 2 Diabetes)  I82.499 (Acute Embolism/Thrombosis)  O14.90 (Pre-Eclampsia)  F11.90 (Opioid Use)  O09.21 (Current Pregnancy with History of Pre-Term Labor)	Common Codes are Listed Belc	ow for your Convenience and Anxiety)  conal Diabetes)  n Depression)  Labor w/  rrm Delivery)	E10.8 (Type 1 Diabetes) I10 (Hypertension) K74.69 (Cirrhosis of Liver) O09.90 High-Risk Pregnancy, Unspecifie O09.30 (Insufficient Antenatal Care) O75.9 (Complications of Labor &
	Phone:		Email:	

Electronic Signature:\_

Revised: 5/15/24