NAVIGATION REFERRAL
(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: ☐

PATIENT INFORMATION

Name: _____ DOB:_____

Phone Number: _____ Address:_____

Referral Date: _____ Patient Email:_____

INSURANCE INFORMATION

AHCCCS ID: _____

Does Patient have a Medicare Primary Insurance? YES ◯ NO ◯

UHC Community Plan ◯ Mercy Care ◯
UHC LTC ◯ Mercy LTC ◯
Molina Complete Care ◯ Mercy RBHA ◯

IS THIS PATIENT CURRENTLY IN A FACILITY? (Skilled Nursing Facility, Hospital, Inpatient, etc.) YES ◯ NO ◯

Facility Name: _____ 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:

SERVICES NEEDED

- ☒ Peer Support
- ☐ Connection to PCP
- ☐ Specialty Appointment Assistance
- ☐ Appointment Coordination
- ☒ Life Skills Development
- ☐ Behavioral Health Coordination
- ☐ Medication Compliance Assistance
- ☐ Transportation
- ☒ SDOH Assistance
- ☐ Medical Compliance
- ☐ All of the Above

DIAGNOSIS

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

- ☐ K74.69 (Cirrhosis of Liver, unspecified)
- ☐ E11.8 (Type 2 DM with unspec complications)
- ☐ F43.10 (PTSD, unspecified)
- ☐ J44.9 (COPD, unspecified)
- ☐ I10 (Hypertension)
- ☐ F41.1 (Generalized Anxiety)
- ☐ E10.8 (Type 1 DM with unspec complications)
- ☐ I82.499 (Acute DVT, unspec lower extremity)
- ☐ F33.0 (Major Depression Mild, recurrent)

REFERRING PROVIDER

Provider Name: _____

Phone:_____ Email:_____

NPI:_____ Electronic Signature:_____

Revised: 6/5/24