

INSTRUCTIONS FOR COMPLETING THE REM INTAKE/REFERRAL FORM

PLEASE COMPLETE ALL REQUESTED INFORMATION

Page 1 –

Referral Source:

Referral source name, address, telephone number and fax number.

Patient Information:

Patient's first name, middle initial and last name. Patient's Medical Assistance (MA) number.

Patient's complete address, including apartment number, if applicable.

Patient's date of birth, telephone number(s), Sex, and Social Security Number.

Managed Care Organization (MCO) Information. This should include the name of the MCO, the name of a contact person and telephone number at the MCO, if known.

Patient Contact Information:

The person identified may be the patient (if an adult), the parent, guardian, caregiver, significant other etc. Please include the contact person's complete address, telephone number(s) and their relationship to the patient.

Referring Physician Information:

Provide the name of the referring physician. Include the physician's specialty, license number, and telephone number. The referring physician's signature is **required**. Include information about any consulting physicians with their specialties, telephone numbers, and license numbers, if known.

PAGE 2 – Complete patient's name and date of birth at the top of page 2.

Clinical Information:

Provide the primary and secondary diagnoses including the ICD-9 codes. These are necessary to verify eligibility for REM enrollment.

Supporting Information:

This section will require specific information pertaining to each REM diagnosis. The history and physical sections should be completed. Please refer to the guidelines listed on the REM disease list for the recommended medical documentation for each REM eligible diagnosis. Please contact the REM Intake Unit at 1-800-565-8190 if you have any questions.

PLEASE NOTE:

A physician's signature is required at the bottom of page 2. Please fax this completed form and all supporting clinical information to the REM Intake Unit at 410-333-5426.

Or mail to:

Maryland Department of Health & Mental Hygiene

REM Intake Unit

201 W. Preston Street, Room 210

Baltimore, Maryland 21201-2399

For questions, please call the REM Intake Unit at 1-800-565-8190.