



MemberConnections®/Member Advocate Referral Form

Please fax form to:

Austin:	1-866-702-4738
Corpus Christi:	1-866-224-8260
El Paso:	1-866-626-6072
Lubbock:	1-866-683-5114
San Antonio:	1-866-224-8260
Hidalgo:	1-888-929-3791
Dallas/Tyler:	1-877-357-1098

Provider Information

Provider Name: _____ Phone #: _____

Point of Contact: _____ Date: _____

Member Information

Member' Name	Member's ID Number	Member's Phone Numbers	Appointment No Show (Include Date)	Education of plan procedures	Non-Compliant	Abusive Behavior towards Medical Staff	**Other

**Other (Please Explain): _____