

Member Advocate Referral Form



Superior HealthPlan Member Advocates can help provide personalized member education on various health topics or Superior services. To request assistance from a Member Advocate for a Superior Medicaid (STAR, STAR+PLUS, STAR Health or STAR Kids) or CHIP member, please complete the form below and fax to:

- **STAR/CHIP:** 1-866-224-8260
- **STAR+PLUS/STAR Kids:** 1-844-727-6805
- **STAR/CHIP (pregnant members):** 1-866-702-4738
- **STAR Health:** 1-866-626-6069

Please Note: This form is not used for PCP updates. For PCP reassignment (list of members), please contact your assigned Account Manager. Providers must submit one form for each member needing a referral.

PROVIDER INFORMATION

Provider Name: _____ Contact Person: _____

Provider Phone: _____ Date: _____

MEMBER INFORMATION

Member Name: _____

Member ID Number: _____ Member Phone: _____

Member Plan Type (Select one): STAR CHIP STAR+PLUS STAR Kids STAR Health

Please indicate the reason a Member Advocate is needed (Select all that apply):

Non-Compliant

Education of Plan Procedures

Abusive Behavior toward Medical Staff

Appointment No Show (Please include date): _____

Other (Please explain): _____

Providers can also contact a Member Advocate, by calling **Member Services**.