

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: Providers must submit one form per member. This form may not be used to request PCP changes. Members may request a PCP change by contacting the Member Services number on the back of their Superior ID card. Member panel reports may be obtained through the Secure Provider Portal or by contacting your assigned Account Manager for assistance.

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**.