



MemberConnections Referral Form

Use this form to refer a Magnolia Health Plan (Magnolia) member for a visit from a Magnolia MemberConnections Representative.

Date: _____

Member Name: _____

MMIS ID #: _____

Member Address: _____

Member Phone #: _____

Provider Fax # & Contact Name: _____

Please check the reason for the referral:

- Non-Compliance
- Missed Appointments (minimum of three)
- High Emergency Room Usage
- Other (please explain):

Please give details as to the reason for the referral and your expectation of the CONNECTIONS visit: _____

Provider Name: _____

Provider Phone Number: _____

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