



100 Center Point Circle, Suite 100
Columbia, SC 29210



Case Management Referral Form

Case Management at Absolute Total Care is a free service that helps members access necessary medical services and improve their health. The program offers referrals to specialists and services, coordinates communication between providers, sets personalized care plans and identifies additional helpful resources. Eligibility for Case Management can be determined through referrals or medical claims, medical reviews by a Case Manager, hospitalization or provider referrals. A Case Manager, who is typically a registered nurse or licensed social worker, assists with health-related questions, accessing care and teaching self-care strategies. For Case Management services, call 1-866-433-6041 or visit Absolutetotalcare.com.

Partner with us to empower your patients in taking control of their health and well-being. Use this form to refer an Absolute Total Care member to Case Management. Submit form to Case Management by mail or fax to 1-833-418-3676.

SECTION I: REFERRING PHYSICIAN OR PROVIDER INFORMATION

Referral Date (mm/dd/yyyy) / /	Name of Person Submitting Referral		
Organization (if applicable)		Phone Number (Referring Physician or Provider)	
Fax Number (Referring Physician or Provider)		Email Address (Referring Physician or Provider)	

SECTION II: MEMBER INFORMATION

Member First and Last Name		Member ID Number	
Member Address			
City	State		Zip Code
Member Phone Number		Member Email Address	

SECTION III: REASON FOR REFERRAL (Include primary diagnoses, conditions and admission history)

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