LET US KNOW PROGRAM

Keystone First

Date: ____________________

Member Intervention Request Form

MEMBER INFORMATION

Member name	Date of birth
Member ID number	Phone number
Parent/guardian name (if applicable)	

PROVIDER INFORMATION

Provider name	PCP ID number
Phone number	Fax number
Office contact name	Best time to call back

Please check the appropriate intervention(s):

- [ ] Noncompliance with prescribed medication(s)
- [ ] Inappropriate use of emergency room
- [ ] Not showing up for appointments or follow-up care
- [ ] Limited or no knowledge of plan benefits
- [ ] Noncompliance with treatment plan
- [ ] In need of dental treatment
- [ ] Drug-seeking behavior
- [ ] In need of behavioral health assistance or services
- [ ] Requesting engagement of case management
- [ ] Pregnant member requesting engagement in Bright Start® maternity program
- [ ] Other: ____________________

Additional information/comments:

Please fax this form to the Rapid Response and Outreach Team at 1-800-647-5627.

Follow-up performed: ____________________

Comments: ____________________