



## Adaptive Aid Referral Form

### REFERRAL CHECKLIST

- Adaptive Aid (AA) provider will process requests per AA protocol
- AA provider will reach out to Member/LAR within 3-5 business days of receiving referral request from Community First Health Plans
- AA provider, upon completion/delivery of AA, will send forms applicable to AA request to SC MDCP AA/MHM person via email to [MDCPServices@cfhp.com](mailto:MDCPServices@cfhp.com) or fax to 210-358-6274.

### ADAPTIVE AID PROVIDER INFORMATION

Company Name:	Date:
Contact Name:	Phone:
Email:	Fax:

### MEMBER INFORMATION

Member Name:	Date of Birth:
Medicaid ID:	Address:
Contact Person:	Phone:

### ADAPTIVE AID INFORMATION

Adaptive Aid Request:

Diagnosis Code:

PCP/SP:	Phone:	Fax:
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### ADDITIONAL INFORMATION