



FAX COVER SHEET



TO: THSteps Special Services Unit/MAXIMUS

PHONE: 1-877-847-8377

Fax #: (512) 533-3867

FROM:

TELEPHONE: () -

FAX #: () -

DATE:

TIME:

TOTAL PAGES INCLUDING COVER SHEET:

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THSTEPS MISSED APPOINTMENT REFERRAL FORM



FAX REFERRALS TO SPECIAL SERVICES UNIT/MAXIMUS
PHONE #1 (877)847-8377; FAX#(512)533-3867

PROVIDER INFORMATION

Provider/Clinic Name: _____		Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Case Manager <input type="checkbox"/> Promotora <input type="checkbox"/> Other		Provider #: _____	
Address: _____		City: _____		State: _____ Zip Code: _____	
Provider Phone #: _____		Provider Fax #: _____		Total Referrals Submitted: _____ Date Referred: _____	

PATIENT/CLIENT REFERRAL INFORMATION

Child/Adolescent Name: _____		DOB: _____		Medicaid #: _____		Phone #: _____	
Address: _____		City: _____		State: _____		Zip Code: _____	
Parent or Legal Guardian: _____				Language Preference: _____			
Date, Time & Number of Missed Appts: _____							
Instructions to Texas Health Steps: <input type="checkbox"/> Rescheduling assistance requested <input type="checkbox"/> Schedule follow-up exam <input type="checkbox"/> Provide updated address (case management) <input type="checkbox"/> Other, see comments				Nature of Missed Appt: <input type="checkbox"/> THSteps Medical <input type="checkbox"/> THSteps Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Sick Visit <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Case Management Visit <input type="checkbox"/> High Lead Level <input type="checkbox"/> Other, see comments			
Comments: _____							

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