



nh healthy families
MemberConnections®
Referral Form

Use this form to refer a NH Healthy Families member for a visit from a NH Healthy Families 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 MemberConnections visit:

Provider Name: _____

Provider Phone Number: _____

New Hampshire Healthy Families
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