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Right Choices Program Referral Form

The Right Choices Program (RCP) monitors member utilization, and when appropriate, implements restrictions for members who would benefit from increased case coordination. Member utilization review identifies members who use services more than their peers. Any Medicaid member who meets the criteria may be enrolled in RCP.

Provider must fill out this form and email the Right Choices Program at Lockinprogram@caresource.com.

If you have any questions you can call Provider Services at 1-800-607-2831.

Member name: _____
Date of Birth: _____
RID#: _____

Referral from: _____
NPI#: _____

Referral to: _____
NPI#: _____

Referral start date: _____

Referral end date: _____

Signature of referring physician: _____



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Third Party Referral

Member name: _____

Date of Birth: _____

RID#: _____

Referral from (referring provider not PCP): _____

NPI#: _____

Referral to: _____

NPI#: _____

Referral start date: _____

Referral end date: _____

Signature of referring physician: _____

NPI#: _____

Signature of member's lock-in PCP: _____

NPI#: _____