



## Referral Request for Maternal Opioid Use Disorder (MOUD) Treatment

Complete and submit all requested information below to Highmark Health Options via:

- Fax: 1-888-576-4895
- Email: Quality\_of\_Care@highmark.com

**Questions and concerns?** Call Clinical Quality at **1-844-325-6251**, Monday–Friday, 8 a.m.–5 p.m.

Referral Information Details		
Date of Referral		
Referral Agency		
Referring Physician/Contact	Phone	Fax

Please Check Preferred MOUD Treatment Location
<input type="checkbox"/> Brandywine Counseling & Community Services of New Castle County <input type="checkbox"/> Brandywine Counseling & Community Services, Kent County <input type="checkbox"/> Brandywine Counseling & Community Services, Sussex County <input type="checkbox"/> Coras Wellness of New Castle County <input type="checkbox"/> Coras Wellness, Kent County <input type="checkbox"/> Coras Wellness, Sussex County <input type="checkbox"/> Addiction Medical Facility LLC, Sussex County <input type="checkbox"/> Claymont Comprehensive Treatment Center, New Castle County <input type="checkbox"/> Gaudenzia, New Castle County <input type="checkbox"/> Wayspring, New Castle County

Patient Medical Information (please print)		
Patient Referred (Last, First, MI)	Phone	DOB
Parent/Guardian	Phone	
Reason for Referral		
Patient's Primary Medical Diagnosis		
Other Medical Diagnoses		

Referral Signature	Date