



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Clinical Health Promotion Program Referral Form

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Thank you for referring your patient(s) to our Healthy Families Program. This program offers families of members who are ages 7 to 17 assistance with leading a healthy lifestyle and reducing childhood obesity. Our team helps each member by providing education, community resources, and an individualized plan of care over a six-month period. All information contained on this form is strictly confidential and may become part of your patient's record.

Referring physician information	
Referring physician's name:	
Referring physician's phone:	
Referring physician's email:	
Member information	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
Member information	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
Member information	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
Member information	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
Additional comments	
Email this form to DM-PHP-Provider-Referrals@anthem.com.	

For more information about the Clinical Health Promotion Program, visit our website [here](#).

<https://providers.anthem.com/va>

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