



# Care Management Services

## *Case Management Referral Form*

For referrals to Care Management (CM) Services, including Complex Case Management and Care Coordination, providers should complete this referral form and fax it to the Case Management team at (831) 430-5852. If you need help filling out the form or have any questions, please call the Case Management Line at (800) 700-3874 ext. 5512 or visit [www.ccah-alliance.org/case\\_management.html](http://www.ccah-alliance.org/case_management.html).

**Instructions:** Please fill out all of the following fields (\* required).

**Requestor's Information:**

- \*Today's Date: \_\_\_\_\_
- \*Referring Provider: \_\_\_\_\_
- \*Provider's Phone Number: \_\_\_\_\_
- \*Member's Full Name: \_\_\_\_\_
- \*Member's Date of Birth: \_\_\_\_\_ \*Member's Phone Number: \_\_\_\_\_

Has the patient/member been informed that a CM referral is being requested?  Yes  No

What is the primary problem/reason for the referral? What is the member's current medical status?

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Please provide a brief summary of the member's medical background/pertinent history:

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What is the optimal outcome for this member? How can CM assist the member in meeting that objective?

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Additional Comments:

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 **Please fax this completed form to the Alliance  
Case Management department at (831) 430-5852**

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