



Case Management (CM) Program Referral Form

Thank you for your interest in referring your Alameda Alliance for Health (Alliance) patient to our Case Management (CM) program.

INSTRUCTIONS

Please return the completed form via mail, email or fax:

Alameda Alliance for Health
ATTN: Case and Disease Management Department (CMDM)
1240 South Loop Road, Alameda, CA 94502
Email: deptcmdm@alamedaalliance.org
Fax: 1.510.747.4130

PLEASE NOTE: The Alliance will directly notify the member which CM program can provide them services. For questions, please contact the Alliance CMDM Department via email or call toll-free at **1.877.251.9612**.

REQUEST DATE (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION	
Name: _____	
Facility/Clinic Name: _____	
Phone Number: _____	Fax Number: _____
Referral Source: <input type="checkbox"/> Community Partner <input type="checkbox"/> Hospital <input type="checkbox"/> PCP <input type="checkbox"/> Specialty Provider	
<input type="checkbox"/> Other: _____	
SECTION 2: PATIENT INFORMATION	
Last Name: _____	First Name: _____
Alliance Member ID #: _____	Date of Birth (MM/DD/YYYY): _____
Phone Number: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address (or location i.e. under 5 th St. bridge): _____	
City: _____	State: _____ Zip: _____
SECTION 3: REFERRAL INFORMATION	
Referral for (please choose one (1) per referral): <input type="checkbox"/> RN <input type="checkbox"/> MSW <input type="checkbox"/> Health Navigator <input type="checkbox"/> Other	
Please Note: Health Navigators are able to assist with basic case management services (e.g. DME, appointments).	
<input type="checkbox"/> Patient has been informed of referral.	
Reason for referral (please attach supporting/clinical documents up to the past 30 days).	
For behavioral health referrals, please call Beacon toll-free at 1.855.856.0577 .	
Situation/background (including past medical history (PMH), if applicable):	
Specific action item request(s):	

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For all other member requests, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5 pm at **1.510.747.4567**.