



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: ☐ Community Partner ☐ Hospital ☐ PCP ☐ Specialty Provider
☐ Other: _____

SECTION 2: PATIENT INFORMATION

Last Name: _____ First Name: _____
Alliance Member ID #: _____ Date of Birth (MM/DD/YYYY): _____
Phone Number: _____ Sex: ☐ Female ☐ Male
Address (or location, i.e., under 5th St. bridge): _____
City: _____ State: _____ Zip: _____

SECTION 3: REFERRAL INFORMATION

Referral for (please choose one (1) per referral): ☐ RN ☐ MSW ☐ Health Navigator ☐ Other
Please Note: Health Navigators are able to assist with basic case management services (e.g., DME, appointments).
☐ Patient has been informed of referral.

Reason for referral (please attach supporting/clinical documents **up to the past 30 days**).

Situation/background (including past medical history (PMH), if applicable):

Specific action item request(s):

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).

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