



## 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](mailto: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 5<sup>th</sup> 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**.