Case Management Programs Referral Form

Thank you for your interest in referring your Alameda Alliance for Health (Alliance) member patients to our case management program.

INSTRUCTIONS

1. Please return the completed form via mail or fax:
   Alameda Alliance for Health
   Attn: Case and Disease Management Department
   1240 South Loop Road, Alameda, CA 94502
   Toll-Free: **1.877.251.9612 |** Fax: **1.510.747.4130**

NOTE: The Alliance will directly notify the member if they are selected for a case management program.

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: ALLIANCE MEMBER 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 Street bridge)*: _____

CITY: _____ STATE: _____ ZIP: _____

SECTION 3: REFERRAL INFORMATION

REASON FOR REFERRAL (***please attach supporting/clinical documents from the past 30 days***):
For behavioral health referrals, please call Beacon toll-free at **1.855.856.0577**.

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