



701 Gateway Blvd., Suite 400  
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 FAX (650) 616-0060  
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## ***CARE MANAGEMENT PROGRAM REFERRAL FAX FORM***

<b>Referral Date:</b> _____	<b>To:</b> Mari Baca, Health & Provider Services Director Health Services/Care Coordination Program	<b>Phone</b> (650) 616-2060 <b>Fax</b> (650) 829-2060
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*To refer into Case Management, fax this form or call (650) 616-2060 and provide the following:*

<b>From:</b> _____	<b>Phone:</b> _____	<b>Fax:</b> _____
<b>Name:</b> _____	<b>Title:</b> _____	<b>E-Mail:</b> _____

<b>Member Name:</b>	<b>First</b>	<b>MI</b>	<b>Last</b>	<b>Member ID:</b> _____	<b>Plan:</b> CareAdvantage SNP
_____				_____	
<b>Member Phone:</b> _____			<b>Member DOB:</b> _____		
_____			_____		
<b>Member Address:</b> _____			<b>Language Preference:</b> _____		<b>Gender:</b>
_____			_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PCP Name:</b> _____			<b>PCP Phone:</b> _____		<b>PCP Fax:</b> _____
_____			_____		_____
<b>Specialist Name:</b> _____			<b>Specialist Phone:</b> _____		<b>Specialist Fax:</b> _____
_____			_____		_____

*Please transmit with a confidential fax cover sheet.*

**Complex Care Management Referral**

**Diagnosis(s):** \_\_\_\_\_

**Most recent hospitalization date:** \_\_\_\_\_ **Location (Hospital):** \_\_\_\_\_

**Brief description why member is being referred:** \_\_\_\_\_

**Fax any pertinent medical records available: Progress Notes, H & P, Discharge Summary, Medication Record, etc.**

### **Health Management**

**If you want health education material for your patients, please contact HPSM's Health Educator Department at (650) 616-2165.**

<b>Office use only:</b>	<b>Date Received:</b> _____	<b>Processed By:</b> _____	<b>Date Sent:</b> _____
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*All member referrals will be evaluated. Enrollment criteria must be met to qualify for program admission.  
 In all programs, patient confidentiality is observed at all times*

**CareAdvantage – an HPSM Medicare Advantage Plan**

CareAdvantage Unit 1-866-880-0606 (toll-free) or (650) 616-2174 | Fax: (650) 616-2190  
 Hearing Impaired: TTY 1-800-735-2929 (California Relay Service) or dial 711