HealthPlan OF SAN MATEO
Healthy is for everyone

801 Gateway Blvd., Suite 100 | South San Francisco, CA 94080

OB Complex Case Management Program Referral Form

Please fax this completed form with any pertinent health records to **650-829-2047.**
To speak with HPSM Care Coordination or refer by phone, please call **650-616-2060.**
To request health education materials for your patient, please call **650-616-2165**.

Referral Date

REFERRING PRACTITIONER OR FACILITY

Name: First MI Last

Title:

Phone:

Fax:

Email:

MEMBER INFORMATION

Members Name: First MI Last

DOB:

Phone:

Language:

Street Address:

City, State Zip:

PCP: name of members primary care physician

Member ID#:

HPSM Plan: CareAdvantage CMC

HPSM Medi-Cal

LMP (Last Menstrual Period):

EDD (Estimated Due Date):

Relevant medical and obstetrical history:

Brief description on why member is being referred:

All referrals are evaluated for eligibility criteria before program admission.
In all programs, patient confidentiality is observed at all times.
Please transmit with a confidential fax cover sheet.

OFFICE USE ONLY

PROCESSED BY: RECEIVED: SENT: