



**WESTERN HEALTH ADVANTAGE
DISEASE MANAGEMENT REFERRAL FORM**

Date: / /

Recipient Information		Sender Information	
To:	WHA Health Promotion and Disease Management Department (HPDM)	Contact Name:	
Company:	WHA	Phone:	() -
Attention:		# Pages sent including cover page:	
Fax:	(916) 568-0278		
Phone:	(888) 563-2250 ext. 2267	Email address:	
Patient Information			
First Name:		MI:	
		Last Name:	
Phone:	() -	WHA ID #:	
Sponsor Information			
First Name:		Last Name:	<input type="checkbox"/> Check if Member is the sponsor
Street Address:		City, State & Zip:	
Physician Information			
Physician Name:		<input type="checkbox"/> PCP <input type="checkbox"/> Specialist	
Office Phone:	() -	Other Phone:	() -
Disease Management Programs (Please check all that apply)			
<input type="checkbox"/> Diabetes Program	<input type="checkbox"/> Coronary Artery Disease (CAD) Program	<input type="checkbox"/> Asthma Program	

Comments/Brief History (optional):

This form may be completed and submitted electronically or downloaded and faxed to (916) 568-0278 Attention: WHA HPDM

WHA Office Use Only:

Date Received: _____ Processed by: _____ Date sent to Alere _____ / _____ / _____ Follow up Date _____ / _____ / _____

IMPORTANTE: ¿Puede leer este documento? Si no, nosotros le podemos ayudar a leerlo. Además, usted puede recibir el documento escrito en español. Para obtener ayuda gratuita, llame ahora mismo a Western Health Advantage al (888) 563-2250, de lunes a viernes de 8am a 5pm.

Proprietary & Confidential

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