

Chronic Care/Condition Management

REFERRAL FORM FOR CALPERS



Mail to: Western Health Advantage, Attn: Population Health Management Department
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Fax to: 916.568.0278

Email to: healthpromotions@westernhealth.com

Questions? 916.563.2250, 888.563.2250 toll-free or 888.877.5378 for TDD/TTY

Sender Information

Date _____

Contact Name (First Last) _____

Phone Number _____ Email _____

Patient Information

Name (First Middle Initial Last) _____

Phone Number _____ WHA ID # _____

Is the patient a WHA subscriber? **Skip WHA Subscriber Information**

WHA Subscriber Information

Name (First Middle Initial Last) _____

Street Address _____ City State Zip _____

Physician Information

Name (First Last) _____ PCP Specialist

Office Phone _____ Other Phone _____

CHRONIC CARE/CONDITION MANAGEMENT PROGRAMS Please check all that apply:

- Asthma Program Congestive Heart Failure (CHF) Program Coronary Artery Disease (CAD) Program
 Chronic Obstructive Pulmonary Disease (COPD) Program Diabetes Program High-Risk-Pregnancy Program

Reason for Referral (Optional)

WHA OFFICE USE ONLY

Date Received _____ Processed By _____

Date Sent to Optum _____ Follow-up Date _____

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