

Chronic Care/Condition Management REFERRAL FORM



Mail to: Western Health Advantage, Attn: Population Health Management Department
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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: Diabetes Program Coronary Artery Disease (CAD) Program Asthma Program

Check with your benefits advisor or WHA Member Services to determine if these programs are available to you:

High-Risk Maternity Program Diabetes Prevention Program

Reason for Referral (Optional)

WHA OFFICE USE ONLY

Date Received _____ Processed By _____

Date Sent to Optum _____ Follow-up Date _____

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