



Western Health Advantage – Medicare Advantage
Home Delivered Meal Service Referral Form

Today's Date: _____ Diagnosis/ICD-10 Code: _____ Member ID#: _____

Person Making Meal Referral:

Organization Name: Western Health Advantage – Medicare Advantage
Medical Group or Facility Affiliation: _____
Case Manager/Care Coordinator Name: _____
Phone: _____ Email: _____

Person Receiving Meals:

Name: _____ Street Address: _____ Apt/Unit: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Date of Birth: _____ Gender (M,F,U): _____ Email: _____
Secondary Contact (if recipient unreachable): Relationship to Meal Recipient: _____
Name: _____ Phone: _____ Email: _____

Meal Plan Selection:

Discharge Date from SNF, Hospital, Rehab _____ Discharged From: _____
Number of Meals Approved: 56 meals Post Discharge (4 weekly deliveries of 14 meals)** MAX of 4 times per year

Select One Primary Menu below. We will attempt to accommodate meals that meet multiple menu requests.

Table with 3 columns: Desired Menu Type (Make only one selection per column.), Primary, Secondary Optional. Rows include: General Wellness – General Default, Lower Sodium (sodium <600mg), Heart-Friendly (sodium <800mg, fat <30%, sat fat <10%), Diabetes-Friendly (carbs <65g/entrée <110g/meal, sodium average 570mg/entrée 810mg/meal), Renal-Friendly (sodium <700mg, potassium <833mg, phosphorus <300mg), Gluten-Free (tested less than 20ppm, not a dedicated kitchen), Cancer Support (calories >600, protein >25g), Vegetarian (includes dairy, eggs, plant protein, nuts and beans - Vegan not available), Pureed (for dysphagia patients and those with difficulty swallowing).

Allergens: Milk Fish Shellfish Tree Nuts Egg Peanuts Soy Wheat

Special Delivery Instructions/Allergens/Food Preferences:

Email Referral Form to: Western Health Advantage Email: CRIntake@westernhealth.com Fax: 916.568.0278
Questions or Inquiries: Member Service 888.563.2250

