carelon Health

# PALLIATIVE CARE DIRECT REFERRAL FORM

**Email:** referrals@carelon.com
**Fax:** 844-249-5579 • **Phone:** 844-232-0500

Referral Date: _____
❑ Urgent

## REFERRAL SOURCE INFORMATION

Referrer's Name: _____ Organization: _____

Role: _____

Type: ❑ Health Plan ❑ Provider ASO: ❑ CCM ❑ THTY ❑ THC
If Commercial Insurance: ❑ FI ❑ ASO ❑ Ind ❑ Group

Collaborative Program Referral (Advanced Primary Care): ❑ Yes ❑ No

Situs/Brand State: _____ ❑ Local ❑ National

Employer Group ID/Name: _____

Phone: _____ Fax: _____

Email: _____

Referring Office Contact Name: _____ Phone: _____

## PATIENT INFORMATION

Patient Name: _____

Primary Diagnosis/Reason for Referral: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Alternate Phone Number to Schedule: _____

Date of Birth: _____

Preferred Language: _____

PCP Name: _____

Specialist Name: _____

Patient Insurance Company: _____

Line of Business: _____ Patient Health Plan Member ID: _____

Group Number (if applicable): _____

Patient's Primary Caregiver Name: _____

Patient's Primary Caregiver Phone: _____

**Clinical Information:**

_____

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- Carelon Health partners with providers and health plans to provide supportive care to members living with a serious illness or multiple complex conditions.
- The Palliative Care clinical model is based on the concept of "co-management." Carelon Health's clinical team does not take over a member's care from the PCP and specialists, but instead establishes a partnership with the PCP and specialists to provide an extra layer of support for the member in the member's home.
- A Carelon Health clinician will reach out to a member's PCP or specialist to coordinate any major changes in a member's care plan and will share a one-page summary of the visit with the member's PCP and/or specialist(s).
- Carelon Health offers the member access to a team of clinicians 24 hours a day, 7 days a week.

Upon completion of this form, please send the completed Carelon Health Direct Referral Form with any pertinent patient medical records, history, test results, etc. via SECURE email to **referrals@carelon.com** or fax to **844-249-5579.**

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