



# PALLIATIVE CARE DIRECT REFERRAL FORM

**Email:** referrals@carelon.com

**Fax:** 844-249-5579 • **Phone:** 844-232-0500

Referral Date: \_\_\_\_\_

Urgent Referral

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis/Reason for Referral: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone Number to Schedule: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Patient's Primary Caregiver Name: \_\_\_\_\_

Patient's Primary Caregiver Phone: \_\_\_\_\_

PCP Name: \_\_\_\_\_ Specialist Name: \_\_\_\_\_

## INSURANCE INFORMATION

Medicare  Medicaid  Commercial

Patient Insurance Company: \_\_\_\_\_

Patient Health Plan Member ID: \_\_\_\_\_ Group Number (if applicable): \_\_\_\_\_

If Commercial Insurance:  FI  ASO  Ind  Group

## REFERRAL SOURCE INFORMATION

Referrer's Name: \_\_\_\_\_ Referrer's Phone: \_\_\_\_\_

Referrer's Email: \_\_\_\_\_ Role: \_\_\_\_\_

Referrer's Fax: \_\_\_\_\_ Organization: \_\_\_\_\_

Referral Type:  Health Plan  Provider

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Clinical Notes:**

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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](mailto:referrals@carelon.com) or fax to **844-249-5579**.

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