

# Confidential

## Bright Health Case Management Referral Form



Please complete this form to refer any Bright Health member to the Case Management program. This form must be shared ONLY in a private and confidential manner (as required by HIPAA) via private facsimile or phone call, using the contact numbers below.

<b>Referral Date</b>	<b>Fax Number</b>
	<b>1-833-903-1607</b>

<b>Case Management Referral Reason</b>
Write reason member is being referred for CM:

<b>Member Information</b>		
Member ID:		
Last Name:	First Name:	MI:
Date of Birth:	Phone:	
Representative/Guardian Name, Relationship to Member and Phone Number:		
Recommended for Outreach within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Discharge Date:	

If Inpatient, please list the Facility name, Contact, Phone Number & Fax Number:
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**Additional Needs**

Provide additional referral information in the space below.

- Community Resources/Services Identification
- Care Coordination
- Discharge Assistance
- Condition Education
- Treatment Plan Support

**Additional Needs:**

**Referring Contact Information**

Last Name:

First Name:

Relationship to Member:

Phone:

**Send completed form to 1-833-903-1607**

**If you have questions about this form,** please call the Bright Health Case Management team anytime between 8:00 a.m. and 5:00 p.m. CST time, Monday through Friday at:

MA Case Management: 1-888-668-0804

IFP Case Management: 1-888-658-6818

# Fax – Confidential

<b>To: Bright Health Plan</b>	<b>From:</b>
<b>Fax: 1-833-903-1607</b>	<b>Date:</b>
<b>Phone:</b>	
<b>Re: Case Management Referral Request</b>	
<b>Additional Message:</b>	