Case Management Referral Form

Email: caremanagementdepartment@alturamso.com
Phone: 323-417-7741 Fax: 323-201-3225

Altura Management Services

Member Assigned Medical Group: ☐ AltaMed Health Services ☐ Omnicare Medical Group ☐ LaSalle Medical Associates

Referral Date: _____

- ☐ **Routine**
- ☐ **Urgent**

Member/Patient Information *Please verify with patient that all demographic information is correct for timely and effective processing*	
Member Name (Last, First, MI): **Member ID:**	**Member DOB:**
Member Address (Full Address):	☐ **Homeless (please describe current living situation below)**
Member Primary Phone #:	**Member Secondary Phone #:**
PCP Name:	**PCP Phone #:**
Is there a Medical Power of Attorney? ☐ Yes ☐ No ☐ Not sure	**If Yes, provide POA name and contact information below:** Name: Phone: Relationship:
Emergency Contact Name and Phone Number:	**Relationship:**

Referral Information

Reason for Referral:

_____
_____
_____
_____

(A selection must be chosen so the member can be appropriately assigned)

- ☐ Assistance with coordination of authorizations _____
- ☐ Assistance with appointments with specialty providers/vendors (Please specify) _____
- ☐ Health Education (Please specify) _____
- ☐ Compliance (Please specify) _____
- ☐ Frequent ER Visits/Inpatient Admissions _____
- ☐ Other _____

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*For Social Worker assistance, please check reason below (**Required**):

- ☐ Social Security
- ☐ Applying for General Relief or SSI
- ☐ Applying for Medicare/Medi-cal
- ☐ IHSS
- ☐ Homeless/Housing
- ☐ Support for disability (Please specify) _____
- ☐ Unemployment
- ☐ Cal Fresh
- ☐ Meals on Wheels/Food Banks
- ☐ Behavior Health
- ☐ Addiction (Please specify) _____
- ☐ Legal Assistance
- ☐ Transportation
- ☐ Other _____

Name of Referring Provider/Case Manager (full name and title):	
Has member agreed to receive case management assistance? ☐ **Y** ☐ **N**	
Phone Number (include area code):	**Fax Number (include area code):**

Please provide any additional comments, information, or special instructions

_____

The Case Management team will outreach the member based on the below timeframes.

Routine: Within 5 business days

Urgent: within 3 business days