

Have you spoken to your patient about this referral? (check one):  Yes  No

Full Name (Last, First, Middle Initial)

Date of Referral

Medical Record # (MRN)

Member ID #

Date of Birth (DOB)

Member Telephone #

Clinic Name

Primary Care Provider (PCP)

Referred By

Parent/Guardian Name

Preferred Language (check one):  English  Spanish  Russian

Other \_\_\_\_\_

Insurance (check one):

- Denver Health Medicaid Choice (DHMC)  Child Health Plan Plus (CHP+)
   
 Denver Health Medicare Choice HMO SNP and Select HMO  Elevate Health Plans
   
 DHMP Employer Group Plans (DHHA, City & County of Denver/DERP, Denver Police)

Brief history and reason for referral: \_\_\_\_\_

**MEDICAL MANAGEMENT SERVICES**

**Health Management:**

- » Health Coaching/Health behavior change
- » Self-management of chronic conditions
- » Disease management
- » Emotional well-being

**In addition, Commercial HighPoint and Medicare Advantage members may receive:**

- » Complex case management
- » Regular/ongoing care coordination
- » Regular/ongoing resource referrals
- » Disease process education
- » High utilization of services

**Pharmacy Services:**

- » Medication education
- » Pain management
- » Medication review
- » Medication management

**Member Services:**

- » Eligibility
- » Benefit information
- » Appointment assistance
- » Grievance and appeals

**Medicare/Medicaid plans:**

- » Transportation assistance

Please complete this form and email to **both**: [DHMPMemberServices@dhha.org](mailto:DHMPMemberServices@dhha.org) and [HealthAndWellness@dhha.org](mailto:HealthAndWellness@dhha.org). Questions? Call 303-602-2100

*Thank you for your referral to Medical Management. Our staff will review your request, contact the member and determine need. A referral to the appropriate program will occur. We will notify you with receipt of your referral.*