Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

Population Health Management Referral Form
Case Management

Date of Referral:

Member name:	Date of Birth:

Member address:	Member phone number:

Type of Case Management services needed: (check one)

☐	Disease Management
☐	Complex Case Management

Reason for Case Management Services: (check all that apply)

☐	Difficulty controlling symptoms	☐	Medication or treatment non-compliance
☐	Assistance with self-management	☐	Poly-pharmacy
☐	Assistance with care coordination	☐	Poorly controlled chronic conditions
☐	Multiple hospital admissions or ER visits	☐	Caregiver or social issues

Primary diagnosis:

Additional information:

Fax form with pertinent medical records and information to:
Los Angeles County: (323) 889-6575
San Diego County: (619) 219-3302