



Promise Health Plan

601 Potrero Grande Dr,
Monterey Park, CA 91755

CBAS Phone Referrals:	855-622-2755 (Both Counties)
CBAS FAX Referrals:	855-699-9876 (Los Angeles) / 855-699-9877 (San Diego)

Inquiry Form for **NEW** Community-Based Adult Services (CBAS)

☐ Standard

☐ Expedited (SNF/Hospital Admissions ONLY)

Section I

Patient Name _____ ☐ M ☐ F DOB: _____ Age _____
Last First

Mailing Address _____ City _____ Zip _____ Phone: _____

ID # _____ CIN # _____

Medi-Cal Eligible with Blue Shield Promise? ☐ Yes ☐ No

Section II

Requestor's Name _____

CBAS Provider ☐ CBO ☐ Physician ☐ Nursing Facility ☐ Individual ☐ Family ☐

Telephone #: _____ Fax # _____

Address: _____ City _____ Zip _____

PCP Name/Address/Phone: _____ Phone: _____ Fax: _____

*** Please attach current Health & Physical and supporting medical records for review. ***

Section III

Date of Request _____ Time of Request: _____

Requested CBAS Provider _____

To be completed by Blue Shield Promise UM Department ONLY:

Pre-Screening Criteria:

1) Medi-Cal Eligibility? ☐ Yes ☐ No 2) Assigned Blue Shield Promise? ☐ Yes ☐ No 3) Age ≥ 18 ? ☐ Yes ☐ No

Meets Criteria for Face to Face CDET Assessment: ☐ Yes ☐ No

Reviewer _____ Date _____ Anticipated F2F Date: _____