



Case and Disease Management (CMDM) – Program Referral Form

The Alameda Alliance for Health (Alliance) Case and Disease Management (CMDM) Program Referral Form is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Please mail, send by a secure email*, or fax the completed form to:

Alameda Alliance for Health
ATTN: Case and Disease Management Department (CMDM)
1240 South Loop Road, Alameda, CA 94502
Secure Email*: deptcmdm@alamedaalliance.org
Fax: **1.510.747.4130**

*If you have questions about how to send a secure email, please visit www.alamedaalliance.org

For questions, please contact the Alliance CMDM Department via email or call toll-free at **1.877.251.9612**.

PLEASE NOTE: The Alliance will directly notify the member which CMDM program can provide them with services.

REQUEST DATE (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION

Name: _____
Facility/Clinic Name: _____
Phone Number: _____ Fax Number: _____
Referral Source: ☐ Community Partner ☐ Hospital ☐ PCP ☐ Specialty Provider
☐ Other: _____

SECTION 2: MEMBER INFORMATION

Last Name: _____ First Name: _____
Alliance Member ID #: _____ Date of Birth (MM/DD/YYYY): _____
Phone Number: _____ Sex: ☐ Female ☐ Male
Address (or location, i.e., under 5th St. bridge): _____
City: _____ State: _____ Zip: _____

SECTION 3: PROGRAM REFERRAL

Please select one (1) program per referral form:

- ☐ Case Management (including Complex Case Management (CCM), Care Coordination, and Transitional Care Services (TCS))
- ☐ Asthma Disease Management ☐ Depression Disease Management
- ☐ Cardiovascular Disease Management ☐ Diabetes Disease Management
- ☐ Other (please provide details in Section 4)

SECTION 4: REASON FOR REFERRAL

Situation/background (including past medical history (PMH), if applicable, and attach supporting documents within the past 30 days):

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).

For all other member requests, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5 pm, at **1.510.747.4567**.