



Case management referral form

Section 1 › Member information

Member contact name	Phone
Person making referral	Phone
Doctor name	Phone

Section 2 › Referral information

Diagnosis and reason for case management referral
Projected outcome from case management

Ready to submit? Mail or fax this form to Moda Health:
Mail: Moda Health Care Coordination team, P.O. Box 40384, Portland, OR 97240 **Fax:** 855-232-6904

Questions? Contact a Care Coordination representative at 800-592-8283.

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