PrimeWest HEALTH™
Your greater Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

Focused Wellness Program Referral Form

To refer members who could benefit from participation in PrimeWest Health's Focused Wellness program, please complete and submit this form via fax to **1-320-762-5967** or secure email at **CareManagement@primewest.org**.

If you have any questions, call the PrimeWest Health Provider Contact Center **1-866-431-0802** and ask to speak with the Focused Wellness nurse. Thank you for your referral!

Section I – Member information

Member name _____ Date of birth _____

PMI # _____

Phone # _____

I would like this member to participate in the following Focused Wellness program(s) (check all of interest):

- ☐ Anxiety
- ☐ Asthma
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Tobacco Cessation
- ☐ Depression
- ☐ Diabetes
- ☐ Heart Disease
- ☐ PrimeWellness

Please provide a brief summary of why you feel this member would benefit from the program(s).

Please provide any additional comments related to this member that would be of interest to the nurses facilitating the Focused Wellness program(s).

Section II – Provider information

Provider name _____

Practicing facility _____

Phone #/Email _____