PrimeWest HEALTH™
Your greater Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

PrimeWest Health Community Health Worker (CHW) Referral Form

Please complete and return this form via secure email to **caremanagement@primewest.org** or via fax to **1-320-762-5967**. If you have any questions, email **caremanagement@primewest.org**.

Section I – Member information

Date form submitted _____

Member name _____ PMI _____

Phone number _____ Birth date _____

Please provide a brief summary of why you feel this member would benefit from working with a PrimeWest Health CHW.

Section II – Contact information of person submitting referral

Name(s)_____

Facility_____Phone number _____

Email_____