



Your *greater* Minnesota health plan



3905 Dakota St
Alexandria, MN 56308



primewest.org



Care Coordination Referral Form

Please complete and return via secure email to **caremanagement@primewest.org** or via fax to **1-320-335-5301**.

If you have any questions about completing this form, contact Dawn Hartman, RN, Complex Care Coordinator, at **1-320-762-5965**, **1-888-588-4420** ext. **5965** (toll free), or **dawn.hartman@primewest.org**. Thank you for your referral!

Section I – Member information

Date _____

Member name _____

PMI _____

Phone number _____ Birth date _____

_____ I would like to refer this member for care coordination services.

Have you provided the member with any information regarding care coordination?

_____ Yes _____ No

Please provide a brief summary of why you feel this member would benefit from care coordination.

Section II – Referral source information (referrals can be from practitioners, discharge planners, health information lines, county case managers or care coordinators, Utilization Management [UM] staff, or other sources).

Referring provider name _____

Facility _____

Phone number _____

Email _____

The information contained on this facsimile (FAX) message is confidential and intended only for the use of the individual or entity named above. If you are not the intended recipient of this information or the person responsible for delivering it, you are prohibited from disclosing, distributing, copying, or acting in reliance upon the attached material. If you have received this FAX in error, please notify us immediately by telephone at **1-320-763-4135** and return all pages to the above address via the U.S. Postal Service.