PrimeWest HEALTH™
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 _____