

Case Manager Referral Form

Providers can order a referral to case management via HillChart or HillLink. This secure online form makes the case management referral process as easy and efficient as possible. Please provide all information requested. All referrals go directly to our Case Management office. Please allow two business days for a response. You will be contacted by phone by a case manager.

Phone: HMO: 1-855-726-4764 PPO: 1-877-769-5551

Is this request for yourself? (Required)

Yes, this request is for myself No, this request is on behalf of someone

Your relationship to patient? (Required)

Spouse Parent/Guardian Child Caregiver Provider

Your Email _____ **Your phone (Required)** (_____) _____

Patient Name: (Required)

Prefix _____ First _____ Last _____

Patient Info: (Required)

Date of Birth _____ / _____ / _____ Gender: Female Male Other

Is this regarding a chronic condition? (Required) Yes No

If yes, please list conditions: (Required) _____

Reason for case management request? (Select all that apply.) (Required)

- | | |
|--|---|
| <input type="checkbox"/> Understanding medical condition | <input type="checkbox"/> Help improving self care practices |
| <input type="checkbox"/> Access challenges | <input type="checkbox"/> Supportive/Palliative care |
| <input type="checkbox"/> Medication questions | <input type="checkbox"/> Behavioral Health Issues |
| <input type="checkbox"/> Financial And/Or Social Support | |

Patient Email: _____

Patient Phone Number: (Required) (_____) _____