



## Case Management Referral Form

Please call or email with any pertinent health records to:

- **Medi-Cal members:** call 833-234-1258, fax 562-499-6105 or email [MHCCaseManagement@MolinaHealthCare.Com](mailto:MHCCaseManagement@MolinaHealthCare.Com)
- **Marketplace members:** call 888-858-2150 or email [CM\\_MP\\_West@molinahealthcare.com](mailto:CM_MP_West@molinahealthcare.com)

### Referring Party Information

Name:	Title:
Phone:	Fax:
Email:	Referral Date:
Was member or authorized representative informed of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

### Member Information

Member Name:	Member ID #:	
DOB:	Phone:	
Street Address:	City, Zip:	
PCP:	Phone:	Fax:
Specialist:	Phone:	Fax:

### Referral Reason

<input type="checkbox"/> General Care Coordination	<input type="checkbox"/> Long-Term Support Service (LTSS)
<input type="checkbox"/> ABA/BHT Services – Applied Behavior Analysis/Behavioral Health Treatment	<input type="checkbox"/> CCS/Regional Center Services
<input type="checkbox"/> Behavioral Health Care Coordination	<input type="checkbox"/> Other:
Relevant Clinical Information:	
Comments:	

Thank you for the referral and your partnership in supporting Molina members.