

CLIENT REFERRAL FORM

DATE: _____	FROM: _____
TO: Community Health Initiative CHI-KernCounty@DignityHealth.org	AGENCY: _____
FAX NUMBER: 661-632-5988	SENDER'S FAX: _____
PHONE NUMBER: 661-632-5018	SENDER'S PHONE: _____

Contact Information

Client Name: _____	Best Time to Call: _____
Phone Number: _____	Alternate Phone: _____
Email: _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish

Reason for Referral:

Please select a program (if applicable):

- Medi-Cal
 Covered California
 Medicare
 Cal Fresh

Client needs assistance with:

- | | | |
|--|--|--|
| <input type="checkbox"/> New application | <input type="checkbox"/> Renew application | <input type="checkbox"/> Add a member |
| <input type="checkbox"/> Select a health plan | <input type="checkbox"/> Select / change doctor | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Billing issues | <input type="checkbox"/> Referral authorization | <input type="checkbox"/> Prescription assistance |
| <input type="checkbox"/> Submit changes to DHS / health plan | <input type="checkbox"/> Request BIC / health plan cards | <input type="checkbox"/> Health insurance issues |
| <input type="checkbox"/> Request a Medi-Cal renewal packet | <input type="checkbox"/> Schedule appointments | <input type="checkbox"/> Remove secondary insurance |
| <input type="checkbox"/> Check eligibility status | <input type="checkbox"/> Request transportation | <input type="checkbox"/> Understanding health coverage |
| <input type="checkbox"/> Other: _____ | | |

Referral Tracking:

1st Call Date _____ Time _____ <input type="checkbox"/> Scheduled Appt. <input type="checkbox"/> Left Message <input type="checkbox"/> N/A Notes: _____ _____	2nd Call Date _____ Time _____ <input type="checkbox"/> Scheduled Appt. <input type="checkbox"/> Left Message <input type="checkbox"/> N/A Notes: _____ _____	3rd Call Date _____ Time _____ <input type="checkbox"/> Scheduled Appt. <input type="checkbox"/> Left Message <input type="checkbox"/> N/A Notes: _____ _____
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CLOSED: Date _____ Time _____	Notes: _____ _____
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