PALLIATIVE CARE DIRECT REFERRAL FORM

Email: referrals@carelon.com
Fax: 844-249-5579 • **Phone:** 844-232-0500

Referral Date: _____
❑ Urgent Referral

PATIENT INFORMATION

Patient Name:_____ Date of Birth: _____

Primary Diagnosis/Reason for Referral: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Alternate Phone Number to Schedule: _____

Email: _____ Preferred Language: _____

Patient's Primary Caregiver Name: _____

Patient's Primary Caregiver Phone: _____

PCP Name: _____ Specialist Name: _____

INSURANCE INFORMATION

❑ Medicare ❑ Medicaid ❑ Commercial

Patient Insurance Company: _____

Patient Health Plan Member ID: _____ Group Number (if applicable): _____

If Commercial Insurance: ❑ FI ❑ ASO ❑ Ind ❑ Group

REFERRAL SOURCE INFORMATION

Referrer's Name: _____ Referrer's Phone: _____

Referrer's Email: _____ Role: _____

Referrer's Fax: _____ Organization: _____

Referral Type: ❑ Health Plan ❑ Provider

Phone: _____ Fax: _____

Email: _____

Clinical Notes:

_____

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- Carelon partners with providers and health plans to provide supportive care to members living with a serious illness or multiple complex conditions.
- The Palliative Care clinical model is based on the concept of “co-management.” Carelon's clinical team does not take over a member’s care from the PCP and specialists, but instead establishes a partnership with the PCP and specialists to provide an extra layer of support for the member in the member’s home.
- A Carelon clinician will reach out to a member’s PCP or specialist to coordinate any major changes in a member’s care plan and will share a one-page summary of the visit with the member’s PCP and/or specialist(s).
- Carelon offers the member access to a team of clinicians 24 hours a day, 7 days a week.

Upon completion of this form, please send the completed Carelon Palliative Direct Referral Form with any pertinent patient medical records, history, test results, etc. via SECURE email to **referrals@carelon.com** or fax to **844-249-5579.**

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