

Population Health's Disease Management Program Referral Form

Tennessee | Medicaid

Thank you for referring your patient(s) to our program. All information contained on this form is strictly confidential and may become part of your patient's record.

| | | |
|--|----------------------------|----------------|
| Referring physician information: | | |
| Referring physician name: | | |
| Referring physician phone: | Referring physician email: | |
| Member information: | | |
| Member name: | | |
| Member ID: | Member DOB: | Referral date: |
| Member phone: | Member email: | |
| Health condition (population health (PH) eligible conditions): | Reason for referral: | |
| Any additional details: | | |
| Member information: | | |
| Member name: | | |
| Member ID: | Member DOB: | Referral date: |
| Member phone: | Member email: | |
| Health condition (population health (PH) eligible conditions): | Reason for referral: | |
| Any additional details: | | |
| Member information: | | |
| Member name: | | |
| Member ID: | Member DOB: | Referral date: |
| Member phone: | Member email: | |
| Health condition (population health (PH) eligible conditions): | Reason for referral: | |

provider.wellpoint.com/tn

Medicaid coverage provided by Wellpoint Tennessee, Inc.

We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call 833-731-2154. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.

Any additional details:

Please email this form to DM-PH-Provider-Referrals@wellpoint.com by secure email. For more information about the population health program, visit our [website](#).

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.