

Introducing the New Referral Form

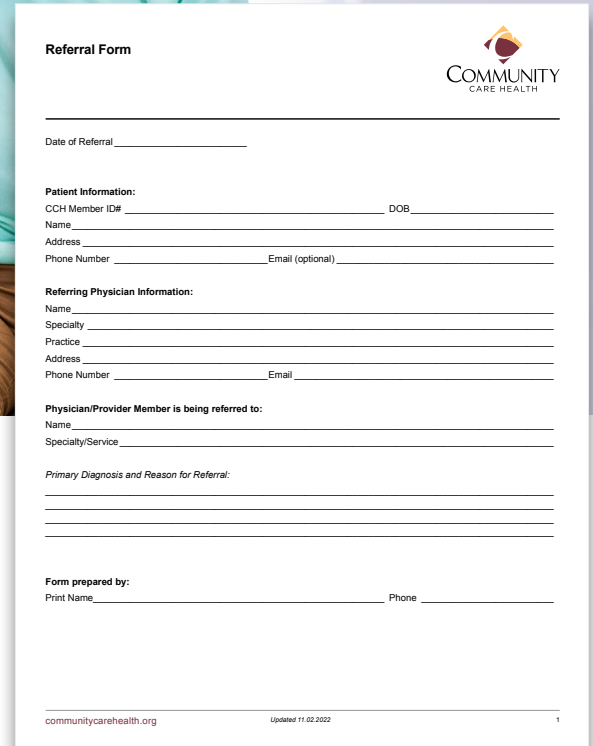


If you don't have a referral form in your electronic health record, CCH has created a form that you can use to refer your patient's to specialists.

<https://www.communitycarehealth.org/wp-content/uploads/2022/11/CCH-Form-Referral-110222.pdf>

View Online:

From the CCH homepage, Provider Tab >
Provider Tool Kit > Provider Referral Form



Referral Form

COMMUNITY
CARE HEALTH

Date of Referral _____

Patient Information:
CCH Member ID# _____ DOB _____
Name _____
Address _____
Phone Number _____ Email (optional) _____

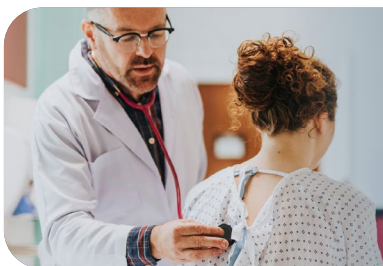
Referring Physician Information:
Name _____
Specialty _____
Practice _____
Address _____
Phone Number _____ Email _____

Physician/Provider Member is being referred to:
Name _____
Specialty/Service _____

Primary Diagnosis and Reason for Referral:

Form prepared by:
Print Name _____ Phone _____

communitycarehealth.org Updated 11.02.2022 1



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Please refer CCH members to in-network doctors. You can find participating providers from our Provider Finder:

<https://www.communitycarehealth.org/find-a-provider/>