



One Monarch Place, Suite 1500
 Springfield, MA 01144-1500
 (413) 787-4000 | (800) 842-4464
 healthnewengland.org

**Referral to
 Health New England's
 Care Management Program**

The Care Management Program at Health New England provides members with support and guidance from integrated care managers to help improve adherence and self-management skills. To refer yourself or your patient to the program, simply complete the patient information box below. We would appreciate any additional health information that you can provide in the patient medical information section.

Referrals may be phoned in, faxed or mailed to:
 Phone: (413) 787-4000 x3940 or (800) 842-4464 x3940
 Fax: (413) 233-2700
 Mail:
 Health New England
 Attn: The Care Management Program
 One Monarch Place, Suite 1500
 Springfield, MA 01144-1500

Patient Information		
I would like to refer myself or the following patient		
Patient Name: _____	Date of Birth: _____	
Health New England Member ID: _____		
Referred By: _____	Phone: _____	Date: _____
Reason for referral: _____		
Comorbid Conditions <i>(Please check all that apply):</i>		
<input type="checkbox"/> Cardiovascular Accident (Stroke)	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Depression	<input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Obesity	<input type="checkbox"/> Stroke
Other: _____		

Thank you for your Care Management Program referral!