



Case management referral form

Section 1 › Member information

Member contact name	Phone
Person making referral	Phone
Doctor name	Phone

Section 2 › Referral information

Diagnosis and reason for case management referral
Projected outcome from case management

Ready to submit? Mail, fax, or email this form to Summit Health:
Mail: Summit Health Case Management Team, P.O. Box 40384, Portland, OR 97240
Fax: 855-232-6904 **Email:** casemgmtrefer@yoursummithealth.com

Questions? Contact a Case Management Representative at 833-460-0444.

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