



## 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:** CMReferral@yoursummithealth.com

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

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