

Unison Health Plan Integrated Case Management Program

Care Management Program Referral Form

Please select the program(s) in which you would like your patient to be enrolled:

Patient Name: _____

Patient ID Number: _____

Care Management Programs

- | | |
|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Kidney Care |
| <input type="checkbox"/> Behavioral Health /
Special Needs Unit | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> End Stage Renal Disease |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Pediatric/NICU |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> COPD |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Miracles/Pregnancy | <input type="checkbox"/> Wound Care |

Are there any specific ways that we can help your patient?

Please fax this form to 877.215.9811.

Or, mail this form to:

Unison Administrative Services
Attn: Integrated Case Management
1000 Brinton Road
Pittsburgh PA, 15221
Phone: 800.508.2581

