

Oregon Health Plan Care Coordination Referral Form



To refer an Oregon Health Plan, fee-for-service (who are not on Medicare or in a managed care program) client into the Oregon Health Plan Care Coordination Program please complete the information below and fax it to **1-866-350-1311** or call **1-800-562-4620**.

Oregon Health Plan Client (Patient) Information

Name: _____
Address: _____

City: _____
State: _____ Zip: _____
Phone number(s): _____
DOB: _____
OHPCC # (Optional): _____
Primary DX: _____

Reason for referral to program:

- Client needs education (disease, treatment plan)
- Reinforce medication and/or treatment compliance
- Provide links to community resources
- Assist coordination of care and/or services
- Missed Appointment(s)
- Language, literacy barrier
- Other: _____

Provider/Facility Information

Name: _____
Referring staff name: _____
Facility/Office: _____
Address: _____

Phone: _____
Fax: _____
Primary Care Physician: _____
Client is aware of referral to OHPCC Program:
 Yes No

Follow-up instructions for OHPCC staff:

- Provider does not require follow-up.
- Send progress reports, notes, or concerns.
- Special follow-up information requested:

OHPCC use only

Date received _____ Opened _____ Deferred _____ HC _____