



Case Management Referral Form

To speak with the Case Management Department: M-F 8:30 a.m. – 5:30 p.m. please call: (833) 234-1258

Please fax or email with any pertinent health records for
Medi-Cal members to:

Fax (562) 499-6105 or email MHCCaseManagement@MolinaHealthCare.Com

Marketplace Provider Line Phone Number: (855) 322-4075

Medicare Phone Number: (562) 549-4804,

Fax (833) 741-3193 or email Medicare_CM_Team@MolinaHealthcare.com

Referring Party Information:

Name:	Title:
Phone:	Fax:
Email:	Referral Date:
Was member or authorized representative informed of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Member Information:

Members Name:	Member ID #:	
DOB:	Phone:	
Street Address:	City, Zip:	
PCP:	Phone:	Fax:
Specialist:	Phone:	Fax:

Referral Reason:

<input type="checkbox"/> General Care Coordination	<input type="checkbox"/> Long-Term Support Services (LTSS)
<input type="checkbox"/> ABA/BHT Services – Applied Behavior Analysis/ Behavioral Health Treatment	<input type="checkbox"/> Pediatric/CCS/Regional Center Services
<input type="checkbox"/> Behavioral Health Care Coordination	<input type="checkbox"/> Other
Relevant Clinical Information:	
Comments:	
Thank you for the referral and your partnership in supporting Molina members.	