Care Management Referral Form

Please call or email with any pertinent health records to:

- **Medi-Cal members**: call 833-234-1258, fax 562-499-6105 or email MHCCaseManagement@MolinaHealthCare.Com
- **Marketplace members**: call 888-858-2150 or email CM_MP_West@molinahealthcare.com

Referring Party Information

Name:	Title:
Phone:	Fax:
Email:	Referral Date:
Was member or authorized representative informed of this referral? ☐ Yes ☐ No	
Comments:	

Member Information

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

Referral Reason

☐General Care Coordination	☐Long-Term Support Service (LTSS)
☐ABA/BHT Services – Applied Behavior Analysis/Behavioral Health Treatment	☐CCS/Regional Center Services
☐Behavioral Health Care Coordination	☐ Other:
Relevant Clinical Information:	
Comments:	

Thank you for the referral and your partnership in supporting Molina members.