



Request for Population Health Management (PHM) Services

Please email to PHMReferrals@cigna.com (via secure e-mail) or fax to 855-645-1230

Patient: _____ DOB: _____

Phone Numbers: _____ Provider: _____

Alternate Contact (PR/Family Member/Caregiver): _____

Requestor: IPN PC Medicare CM Optum Care Priority: Routine Urgent

Requestors Name: _____ Requestors Contact #: _____

PHM Services Being Requested (Please select all that apply. Patient must give consent for each program before receiving a call. We request that any supporting documentation be sent with the referral).

- Care Coordination Social Worker After-Hours PHM Nurse Phone call ICT 2 Meeting
 Disease Management (CHIP) for: CHF COPD Diabetes Last office note included with referral
 Depression

Patient has given consent for each referral made YES (must be checked in order for the referral to be processed)

Specific reason for the PHM Referral request:

Clinical Summary:

Existing Barriers:

***** PHM, please confirm back to the sender of the referral form that their referral request has been entered *****

Revised 10/26/17