North Alabama
CommunityCare

Care Management Referral Form

Cullman, Limestone, Madison, Morgan, Marshall, and Jackson Counties

Form must be completely filled out in order to be processed

Eligible Individual Name: _____ Date: _____

DOB: _____ Sex _____ EI / Guardian Phone # _____

Medicaid #: _____ Primary Language: _____

Home Address to include city and zip: _____

_____

Emergency Contact: _____ Phone: _____

Referring Physician / Facility: _____

Contact Name: _____ Phone/Email:_____

Medical Diagnoses (Not required to make a referral):

- ☐ Asthma
- ☐ Heart Disease
- ☐ Sickle Cell
- ☐ Hepatitis C
- ☐ Other _____
- ☐ BMI greater than 25
- ☐ COPD
- ☐ Cancer
- ☐ Diabetes
- ☐ Substance Disorder
- ☐ HIV
- ☐ Mental Illness
- ☐ Organ Transplant

Reason for Referral

- ☐ Informatics--Reviewed Quality Measures
- ☐ Behavioral Health
- ☐ Other _____
- ☐ NET Transportation Assistance
- ☐ Housing
- ☐ Medication Management
- ☐ Community Resources
- ☐ Disease Education
- ☐ Substance Abuse Services
- ☐ Maternity Services
- ☐ Family Planning

Special Instructions / Pertinent Information

_____

_____

_____

Send Referral form to
Fax: (256) 382-2715
referrals@northalcc.org

Mailing: P.O. Box 18926
Huntsville, AL 35804

Phone: 256-382-2590
FAX: 256-382-2715

Toll Free: 1-855-640-8827
TTY #: 1855-219-6599