Anthem BlueCross

Medi-Cal Managed Care
Access for Infants and Mothers/Medi-Cal Access Program
L. A. Care
Major Risk Medical Insurance Program

Health education & cultural and linguistic referral form

Provider information - Please print clearly			
Referred by		Date	
Phone number		Fax number	
Address			
☐ Please check box if member follow up documentation is desired, and indicate fax number clearly above.			
Member information			
Member name		Date of birth	
Medi-Cal identification number		Language spoken	
Address		Cell phone	
City, State ZIP code			
Special accommodations	☐vision ☐hearing ☐physical ☐other: _____		

Cultural and linguistic request
Type of service requested :

Requested service: health education topic (check all that apply)	**Under 18**	**Ages 18+**
Asthma		
Breastfeeding		
Diabetes		
Exercise/Physical activity		
Family planning/Unintended pregnancy prevention		
HIV/STD prevention		
Hypertension		
Injury prevention		
Nutrition		
Obesity		
Parenting		
Perinatal/Pregnancy		
Substance abuse (alcohol and drugs)		
Tobacco prevention and cessation		
Other (please specify):		

Specifications for: exercise/physical activity, obesity/weight management and nutrition			
Cleared to exercise without restrictions? ☐ Yes ☐ No, specify_____			
Provider name (print)		Date	
Provider signature			

Provider special instructions/comments – Attach additional pages if necessary

Please fax this form to 1-818-240-1206 or email to
HealthEd_CA_Medicaid@Anthem.com
Attention: Health Education

Please do not send medical records.

Important Note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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