

Optional Self-Referral for Care Management

If you would like a member of our Care Management team to contact you, please complete the information below. Our Care Management nurses can assist you in obtaining optimal medical and pharmacological services for complex medical conditions (such as diabetes, asthma, heart disease, etc.) Care Management services are provided at no cost!

Your First/Last Name:		Date of Birth:/	
Most convenient way to	reach you by phone between t	<u>8:00AM – 5:00PM, M-F</u> :	
Home:	Cell:	Work:	
E-Mail:			
Your Primary Care Provid	er (First, Middle, Last Name):		
Location:		Phone:	
Spouse Primary Care Provider:		Location:	
Dependent Name/Primary Care Provider:		Location:	
Dependent Name/Primar	y Care Provider:	Location:	
Pharmacy:	narmacy: Location:		
Please check all that appl	Υ :		
$\hfill \square$ I would like to discuss	my medical care.		
☐ I would like to review	my prescriptions.		
Changing Networks and r provider and scheduling a		Health System's (417) 269-INFO line to get help	finding a
_	experience the least amount o	II (417) 269-2813 to speak with a Nurse Care Not disruption to their care as possible, so please	-
	he current prescription drug co op of the homepage (see below	overages on thinkinghealthforward.com by clic	king on word
	PROVIDERS PRESCRIPTIONS	FAQS RESOURCES & FORMS CONTACT US	

For any **prescription questions** or further assistance, please call **(417) 269-2813**

