



Referral
to
Health New England's (HNE) Care Management Program

The Care Management Program at HNE provides members with support and guidance from registered nurses to help improve adherence and self-management skills. To refer your patient to the Program, simply complete the Patient Information box below. If time permits, we would appreciate any additional health information that you can provide in the Patient Medical Information section. **Referrals may be phoned in, faxed or mailed to:**

Phone: 413-787-4000

Fax: 413-233-2700

Mail: Health New England
One Monarch Place, Suite 1500
Springfield, MA 01144-1500

If you would like additional information about the Program, please call us at **413-787-4000 or toll-free at 800-842-4464**

Patient Information

I would like to enroll the following patient:		
Patient name: _____	Date of birth: _____	
HNE Member ID: _____		
Referred by: _____	Phone: _____	Date: _____

Patient Medical Information

Reason for referral:
Comorbid Conditions <i>(Please check all that apply):</i> <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> CVD <input type="checkbox"/> HTN <input type="checkbox"/> CVA <input type="checkbox"/> MI <input type="checkbox"/> Obesity <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> Depression
Other: _____

Thank you for referring your patient to the Care Management Program!