

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Case Management Referral

The purpose of this form is to document the various equipment and/or care management needs you may have when your Clarion Health coverage becomes effective.

1. Durable medical equipment (DME) includes items such as oxygen equipment and supplies, CPAP machines, wheelchairs, walkers, powered mattress systems, crutches, diabetic supplies, speech generating devices, IV infusion pumps, nebulizers, and hospital beds ordered by a doctor for use in your home.

Item Type	Vendor	Telephone Number

2. Please circle any of the medications listed you are currently taking. This information will help us access your healthcare needs before your enrollment begins. This allows us to initiate our Care Advising program on Day 1 of your enrollment. Your Care Advisor works closely with your primary care provider to help you maintain a healthy lifestyle.

ADVAIR DISKUS	ALBUTEROL SULFATE	AMLODIPINE BESYLATE ATORVASTATIN
CALCIUM	CRESTOR	CYMBALTA
DIOVAN	DULOXETINE HCL	ESCITALOPRAM OXALATE
PROPIONATE FLUTICASONE/ SALMETEROL	GABAPENTIN	HYDROCODONE/ ACETAMINOPHEN
LEVOTHYROXINE SODIUM	LISINOPRIL	LOSARTAN POTASSIUM
METOPROLOL SUCCINATE	NEXIUM	OMEPRAZOLE
POTASSIUM CHLORIDE	PRAVASTATIN SODIUM	PROAIR HFA
ROSUVASTATIN CALCIUM	SPIRIVA	TAMSULOSIN HCL
TIOTROPIUM BROMIDE	VALSARTAN	ZOSTAVAX
ZOSTER VACCINE LIVE/ PF		