Updated 6/29/2107

Encompass HEALTH HOME

CARE MANAGEMENT REFERRAL

1-844-884-4999
EncompassHealthHome@CCBC.net

Please submit referral to : Encompass Health Home
232 Main Street
Binghamton, NY 13905

Phone (607)729-9166
Fax:(607)584-0122

☐ Referring agent obtained consent to refer _____
Client signature (if available)

Referral Agency: _____ Referral Date: _____
Referral Name: _____ Phone: _____

Name: _____ ___ _____ DOB: _____
First MI Last

Address: _____ _____
Street Apt No

_____ _____ _____
City State Zip Code

Phone: _____ _____
Home Cell

Email: _____

Gender: ☐ M ☐ F SSN: _____

MCO:

Medicaid #:_____ ☐ Excellus ☐ Fidelis ☐ CDPHP ☐ United Healthcare ☐ Other:_____

Check all that apply:

☐ SSI: ☐ SSD ☐ Public Assistance ☐ VA ☐ Pension

☐ Other:_____

Primary Language: ☐ English ☐ Spanish ☐ Other:_____

Emergency Contact:

_____ _____ _____
Name Phone Relationship

_____ _____ _____ _____ _____
Street Apt No City State Zip + 4

Health Home Qualifying Conditions

☐ AIDS/HIV
☐ Primary MH_____ ☐ SUD (Substance Use Disorder)

_____ _____
Diagnosis Diagnosis

☐ Diabetes _____
☐ Hypertension (High Blood Pressure) Diagnosis
☐ Asthma ☐ Other Chronic Conditions
☐ Heart Disease _____
☐ High BMI (>25) _____