

## Clinical Health Promotion Program Referral Form

Thank you for referring your patient(s) to our wellness program. This program offers weight management assistance to Healthy Blue members ages 18 and older. Our team helps each member establish individual goals and provides health coaching and resources over a six-month time period. All information contained on this form is strictly confidential and may become part of your patient's record.

Referring physician information				
Referring physician's name:		Physician NPI:		
Referring physician's phone:		Referring physician's email:		
Member information				
Member name:				
Member ID:	Member DOB:		Referral date:	
Member phone:	one: Member email:			
Health condition (See Condition Care (CNDC) (eligible conditions.):		Reason for referral:		
Any additional details:				
Member information				
Member name:				
Member ID:	Member DOB:		Referral date:	
Member phone:	mber phone:		Member email:	
Health condition (See (CNDC) eligible conditions.):		Reason for referral:		
Any additional details:				
Member information				
Member name:				
Member ID:	Member DOB:		Referral date:	
Member phone:		Member email:		
Health condition (See (CNDC) eligible conditions.):		Reason for referral:		
Any additional details:				

Please email this form to Condition-Care-Provider-Referrals@healthybluene.com. For more information about the Clinical Health Promotion Program, visit <a href="https://provider.healthybluene.com/nebraska-provider/disease-management">https://provider.healthybluene.com/nebraska-provider/disease-management</a>.

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not 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.

## https://provider.healthybluene.com