



**Case Management Referral Form
Aspirus Health Plan Fax 715-787-7315**

Patient Information

Patient Name:	Date of Birth:	Member ID#:
Mailing Address:	County:	Phone:
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Burmese <input type="checkbox"/> Hmong <input type="checkbox"/> Karen <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Russian <input type="checkbox"/> Other:	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Source

Name of person referring:	Phone:
Clinic/County/Organization:	Do you want to be contacted regarding this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Provider Information (if known)

Primary Care Provider/Title:	Phone/Fax:
Primary Care Clinic:	
Case Manager/County Worker:	Phone/Fax:
Other Specialist/Clinic:	Phone/Fax:
Power Of Attorney / Authorized Representative / Parent:	Phone:
Relationship to Patient:	Consent Form Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Reason for Referral

Reason for Referral/Diagnosis:

*Attach any supporting documentation that maybe helpful in processing this referral for case management.

Fax to Aspirus Health Plan at: 715-787-7315

CLS Revised 2-22

Notice of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aspirus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715-631-7411 (voice)** or toll free at **1-855-931-4850 (voice)**, **715-631-7413 (TTY)**, or **1-855-931-4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**.

If you believe that Aspirus Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

Attn: Appeals and Grievances

Aspirus Health Plan

P.O. Box 51

Minneapolis, MN 55440

Email: cagMA@aspirushealthplan.com

Fax: 715-631-7439

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

