



CKD Program Referral Form

Fax: 612.884.2497

Patient Information

Patient Name	Date of Birth	UCare ID #	Product
Mailing Address		Phone Number	
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Somali <input type="checkbox"/> Russian <input type="checkbox"/> Other _____ Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
***If available, please attach Medication List with referral		If 'Yes', Please fax with referral form.	

Provider Information

Primary Care Provider/Title	Primary Care Clinic & Clinic ID	Phone
Case Manager/County Worker, if known	Clinic/County	Phone

CKD Program Eligibility

Program Eligibility Includes:

- Diagnosis of CKD
- Age 18+ years old
- Products: Connect, Connect + Medicare, EssentiaCare, Medicare – M Health Fairview North Memorial, Medicare Advantage-MN, MnCare, MSC+, MSHO, PMAP, UCare IFP, UCare M Health Fairview IFP, UCare Medicare – ISNP, UCare Medicare - PPO, and UCare Medicare Supplement

Exclusions for DM Programs Include: Diagnosis of ESRD (End Stage Renal Disease), On Hospice Care, In Long-Term Care Facility, On Dialysis

QUESTIONS: Call the Disease Management Message line at 612-676-6539

CKD Support Program

Program Services:

- Support from a registered dietician
- Make healthy food choices to help prevent the progression of kidney disease
- Understand a kidney-friendly diet and how it fits into your daily life
- Understand your labs related to CKD
- Prevent or slow down the progression of CKD
- Recognize the importance of regular doctor visits
- Achieve healthy eating and physical activity goals

Is the member agreeable to participating in the CKD program?

Yes

Referral Source

Care Manager	Phone
Do you want to be contacted regarding the status of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Referral

Please fax to UCare at: 612.884.2497