

One Call Connect Request

FAX 866-482-0482. Patient outreach begins within 24 hours or one business day of receipt of this form, with up to 15 attempts, Monday - Saturday, to contact your patient. Please choose how you would like to receive feedback on the call:

- Phone(_____)_____
 Fax(_____)_____
 No Notification Requested

Phone: 888-780-1862

Date: ____/____/____

Primary Clinician Information

(Please list Wellmark Contracted Provider)

Clinician Name (First and Last): _____

Clinic/System Name: _____

Phone Number: (_____)_____

Fax Number: (_____)_____

Office Contact to Receive Follow-Up: _____

Office Hours: _____

Patient Information

Patient Name (First and Last): _____

Patient's Date of Birth (mm/dd/yyyy): ____/____/____

Patient's Wellmark Identification Number: _____

Patient's Phone Number: (_____)_____

CONTACT REQUEST: Please contact my patient regarding the following needs: Patients must have current, active Wellmark coverage.* Patient outreach begins within 24 hours or one business day of receipt of this form.

- Schedule an office visit.**
 Make an appointment or assist with coordination of services such as: PCP office visit, specialist appointment, lab work, diagnostic testing. Please identify primary diagnosis and what you would like the patient to do:

- Prepare the patient for his/her next visit.**
 Facilitate transfer of medical records, x-rays, or lab results. Date of next appointment ____/____/____
 Please identify primary diagnosis and what you would like the patient to do:

- Reinforce the behaviors and choices that will help my patient better manage his/her:**
 chronic condition
 pregnancy
 acute or complex medical need
 current health status

Chronic conditions: Diabetes, COPD/Asthma, CHF, Oncology, CAD

Acute or complex medical need

Pregnancy education and prenatal support. Pregnancy due date: ____/____/____

Comments (diagnosis/clinical scenario): _____

- Identify community resources that can benefit the patient.**
 Transportation assistance, eldercare services, meals on wheels, etc.: _____

- Help the patient understand his/her Wellmark benefits/coverage.**
 Provide assistance with benefit or claim questions.

- Assist the patient in obtaining recommended tests.**
 Inquire or assist patient, age 50 or older, with an appointment for colorectal screening
 Inquire or assist patient with an appointment for a dilated retinal eye exam

Additional Comments: _____

*All members are not eligible for all services/programs.

ONE CALL CONNECT USE ONLY (Please do not mark in shaded area)

Disposition of call (outcome for patient listed on this form)

- Member reached and will comply
 Member reached and will not comply
 Member not reached

Comments: _____
