Care management referral form

eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Section 1: Member information

Member contact name	Phone
Date of birth (mm/dd/yyyy)	Subscriber ID
Person/agency making referral	Phone
Doctor name	Phone

Section 2: Referral information

Diagnosis and reason for case management referral
Projected outcome from care management

Ready to submit?

Mail, email or fax this form to EOCCO:

Mail: EOCCO Integrated Services Team, 401 E 3rd St, Ste 101, The Dalles, OR 97058

Email: care.management@gobhi.org | **Fax:** 541-296-1036

Questions? Contact a Care Coordination representative at (401) 406-8612. **eocco.com**

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