



# Process for sending patient referrals

In an effort to better support our providers and their patients, Senior Whole Health of New York has created a Patient Referral Form that providers may complete and fax directly to us when you have determined that a member may benefit from the care management services we offer. We will send referral status updates weekly to you showing receipt of referral and current application status.

## How to send referrals to Senior Whole Health:



**Complete the Member Referral Form located at**  
[seniorwholehealthny.com](https://seniorwholehealthny.com)



**Send the Member Referral Form securely to us**

- By fax: 1-855-818-4874
- By email: [swhintakenyc@magellanhealth.com](mailto:swhintakenyc@magellanhealth.com)

**Member Referral Form**

By completing this form, I give permission for a sales representative from Senior Whole Health to call me.

First Name:		Last Name:	
Gender:		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Street Address:			
City:	State:	Zip Code:	
Date of Birth:	Phone Number:	Language Spoken:	
Medicaid Number:	Medicare Number:	SSN:	
Emergency Contact:	Relationship:	Phone Number:	
<b>Services Requested</b>			
What type of home services are you interested in? <input type="checkbox"/> CDPAS <input type="checkbox"/> PCA			
Other services requested: <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> SDC <input type="checkbox"/> Custodial Care			
Do you currently have services in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is the vendor?
If yes, what kind of services?			
Primary Care Provider (optional):			

**Referral Source Attestation**

I, \_\_\_\_\_, \_\_\_\_\_, attest that the above client was informed of the referral to SWH or has asked our agency to refer them to SWH.  
(referring agent name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Referral Organization:		Phone Number:	
Referral Name:		Referral Email:	
Referral Address:			
City:	State:	Zip Code:	

Please send the completed referral form to us by fax at 1-855-818-4874 or by secure email to [intake@seniorwholehealth.com](mailto:intake@seniorwholehealth.com)  
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