

Managed Long-Term Care (MLTC) Medicaid



TOMORROW'S HEALTHCARE TODAY

Please send referrals to:

- Email: dl-enrollmentsubmissions@477home.org
- Fax: 315-477-9590, MLTC secure fax
- Phone: 1-888-477-4663, calling in the referral

Nascentia Health Options MLTC Referral Form

Member Information

Name:		Date of Birth:	
Street Address:			
City:	State:	Zip Code:	
County:	Phone Number:	()	
MCD ID / CIN #:	CFEEC / Maximus Evaluation: (date completed / scheduled)		
Primary Care Physician Name:			
Primary Care Physician Practice:	Primary Care Physician Phone Number:	()	
Street Address:			
City:	State:	Zip Code:	

Referral Source

Agency Name / Individual Name / Title / Relationship:			
Phone Number:	()	Email:	
Reason for Referral			

- I have discussed MLTC Options with this client and he/she has agreed to be contacted by a Nascentia Health Options Representative.

Verbal consent given to:		Date:	
--------------------------	--	-------	--

The information listed on this form is confidential and may contain information protected by law. This information is intended to be reviewed only by Nascentia Health, its affiliates, or designees. Redisclosure of this information is prohibited. The use and dissemination of privileged and confidential information contained in this form is governed by applicable HIPAA and Privacy law.