

**\*\*\* FAST, EASY REFERRAL / SUBMIT REFERRAL ONLINE WWW.CCAREI.COM \*\*\*\***

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**COMMUNITY CARE ASSOCIATES  
REFERRAL REQUEST FORM  
SEND ALL LABS TO JVHL 1-800-445-4979**

<b><u>Member Information:</u></b>	
<b><u>Member Name:</u></b>	<b><u>Member No:</u></b>
<b><u>Date of Birth:</u></b>	<b><u>Other Insurance:</u></b>
<b><u>PCP Information:</u></b>	
<b><u>Physician Name:</u></b>	
<b><u>Physician's Address:</u></b>	
<b>Physician's Tele No:</b>	<b>Fax No:</b>
<b>Date Requested:</b>	
<b>Diagnosis:</b>	
<b>Diagnosis Code:</b>	<b>Procedure Code:</b>
<b><u>Referred To:</u></b>	
<b>Physician/Facility Name:</b>	
<b>Service Date :</b>	
<b>Physician/Facility Address:</b>	
<b>Physician/Facility Tele No:</b>	<b>Fax No:</b>
<b>The member must be eligible on the date of service. If it is determined the member is not eligible on service date, the claim will be rejected.</b>	
<b>Referral valid for service date only. If services beyond those listed on this form are needed you must contact Case Management. Failure to obtain authorization will result in a denial.</b>	
<b>PLEASE SUBMIT ALL CLINICAL DOCUMENTATION THAT WILL SUPPORT THE MEDICAL NECESSITY FOR YOUR REQUEST.</b>	
<b>REFERRALS MUST BE RECEIVED 48 HOURS PRIOR TO DATE-OF-SERVICE.</b>	
<b>Submit all Medical Claims to:</b>	<b>Submit all Lab Claims to:</b>
<b>Community Care Associates, Inc</b>	<b>JVHL</b>
<b>P O Box 44230</b>	<b>999 Republic Dr. - Suite 300</b>
<b>Detroit, Michigan 48244</b>	<b>Allen Park, Michigan 48101</b>
<b>Case Management: Phone: 313-961-3100 or 1-866-323-3224 8:30 am to 4:00 pm</b>	
<b>Fax 313-961-3116 or 313-335-0014</b>	
<b>Mental Health Phone: 313-964-0002 / 0003 Fax # 313-964-0000</b>	