

Behavioral Health Department Member Education Request Form

Do you have a patient who is a CenCal Health member who is missing appointments, is not complying with treatments, or is not responding to phone calls? We can help. Please complete this form so that a CenCal Health representative can reach out to your patient to provide them with support and education. CenCal Health will provide you with an update upon connecting with your patient.

Please send completed requests to the Behavioral Health Department or by fax (805) 681-3070 or via secure link: https://gateway.cencalhealth.org/form/bh.

Questions? Please contact the Behavioral Health Department Provider Line (805) 562-1600.

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| Request for Member Education | |
| Missed Appointments | |
| O Treatment Non-Compliance | |
| ○ No Show/No Call | |
| Other: | |
| Member Infomation | |
| Member Name: | |
| Member ID: | Member Phone: |
| Parent/Guardian Name (if applicable): | |
| Provider Infomation | |
| Provider Name: | Provider NPI: |
| Provider Address: | |
| Provider Email: | Provider Phone: |
| Please provide the following information | |
| Has the member been informed and educated prior to this request? \bigcirc Yes \bigcirc No | |
| Has the member identified any social determinar | nt of health issues (housing, food, employment, |
| childcare) that may be a barrier? O Yes O N | 0 |
| If yes, please complete a Case Management | |
| Has the member identified any transportation issues that may be a barrier? Yes No Will you continue to see member after education and outreach? Yes No | |
| Will you continue to see member after education and outreach? Yes No | |