



PROVIDER REFERRAL FORM Fit Families for Life- *Be in Charge!* SM Program Medi-Cal

Fax the completed form to the Plan Health Education Department at **800-628-2704** or by email at healtheducationdept@healthnet.com.

For questions or to check the status of a submitted referral, contact the Health Education Department directly at 800-804-6074.

Provider: Please complete the information below before sending the referral form by fax or email.

| Community Health Plan of Imperial Valley member information: | | |
|--|-----------------|-----------|
| Member full name: | Member ID: | Gender: |
| Date of birth:Age: Preferred written language: 🗖 English 🗖 Spanish 🗖 Other: | | |
| Address: City | State: | ZIP Code: |
| Phone () Parent/Legal guardian full name: | | |
| Select requested weight management resources: | | |
| Fit Families for Life (FFFL) – Home Edition Five week, self-study, home-based family program aimed at improving food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos. | | |
| Healthy Habits Healthy People (HHHP) Weight management program for older adults aimed to improve food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos. | | |
| Physician information: | | |
| Name: | License number: | |
| Clinic/provider group name: | | |
| Phone number: () | Fax number: | |
| Email address: | | |
| Physician signature: | | |
| | | |

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