



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:	Member ID:	
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 no	umber:	
Clinic/provider group name:			
Phone number: ()	Fax nur	mber:	
Email address:			
Physician signature:	Date	e:	

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.