



Promise Health Plan

Blue Shield of California Promise Health Plan
3840 Kilroy Airport Way, Long Beach, CA 90806-2452
Camino Del Rio N. Ste. #350, San Diego, CA 92108

CBAS Phone Referrals: 855-622-2755 (Both Counties)
CBAS Fax Referrals: 855-699-9876 (Los Angeles)
CBAS Fax Referrals: 619-219-3308 (San Diego)
UM Urgent Fax: 323-889-5403

Inquiry Form for New Community-Based Adult Services (CBAS)

Standard Expedited (SNF/Hospital Admissions ONLY)

Section I

Patient Name Last First M F DOB Age
Mailing Address City Zip Phone
ID # CIN #
Medi-Cal Eligible with Blue Shield Promise? Yes No

Section II

Requestor's Name
CBAS Provider CBO Physician Nursing Facility Individual Family
Telephone # Fax #
Address: City Zip
PCP Name/Address: Phone Fax

* Please attach current Health & Physical and supporting medical records for review. *

Section III

Date of Request Time of Request
Requested CBAS Provider

To be completed by Blue Shield Promise UM Department ONLY:

Pre-Screening Criteria:
1.)Medi-Cal Eligibility? Yes No 2.)Assigned Blue Shield Promise? Yes No 3.)Age >=18? Yes No

Meets Criteria for Face to Face CDET Assessment: Yes No

Reviewer Date Anticipated F2F Date