UMPQUA HEALTH
ALLIANCE
500 SE CASS AVENUE, SUITE 200
ROSEBURG, OR 97470

For assistance with this form, you may call
HCV Case Management at 541.229.7055
This is a Fillable Form
Please Fill out then Print and Fax to 541.229.8180

Hepatitis C Case Management Referral Form

Fax Form to: 541.229.8180

****All fields are mandatory and failure to complete will result in the requesting being canceled****	
Patient Name:	Prescriber Name:
Member ID #:	Prescriber NPI #:
Patient DOB:	Clinic Name:
Treatment Requested: Treatment Length:	Office #: Fax#
Treatment Status:	Prescriber Contact Person:

The following information is required by Oregon Medicaid to be considered for treatment. Please attached related documents.

Within the Last 6 months:			
	Date:		
Office Visit:			☐ Attached
HCV RNA Viral Load:		Value:	☐ Attached
HBV Status:		Result:	☐ Attached
HIV Status:		Result:	☐ Attached
Liver Fibrosis:		Result:	☐ Attached
Within the last 3 years:			
HCV Genotype:		Result:	☐ Attached
Your patient has been made aware of the Case Management Referral:			☐ No ☐ Yes

Once all information is received our case management team will reach out to the patient.

When our assessment is complete your office will be notified of next step.

No medication authorization will be processed without this necessary step.

Your medication PA will be dismissed/canceled if the case management referral has not been completed.