

# One Care Program—Referral Form

Enrollment in One Care is open to MassHealth Standard or MassHealth CommonHealth members who meet the following criteria:

- are between the ages of 21 and 64
- have Medicare Parts A and B
- qualify for Medicare Part D (drug coverage)
- do not have any private health insurance (like health insurance from a job)
- do not participate in a Home and Community-Based Services (HCBS) waiver
- live in an area covered by a One Care plan.

To refer a client, please complete the following information:

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Client Name	Date of Birth	Language Spoken
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Client Address

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Client Telephone	MassHealth ID#
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Other Contact	Relationship	Telephone	Language Spoken
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Referral date	Referred by	Client Primary Care Clinician
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Title of person making referral

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- Client agrees to the release of the above information to Commonwealth Care Alliance® and would like a Commonwealth Care Alliance representative to contact the Client to discuss its program. Person making the referral will fax the completed form to (617) 830-0534, Attn. O & M, for Commonwealth Care Alliance staff use only.**