



CLOSSMAN CATERING

a GA Foods Company

Home Delivered Meals Service Referral Form

For questions about this form, please call the
Clossman Catering Customer Care Center at
513-942-7744 or email referrals@clossmans.com

Send completed form as follows:

FAX: 513-942-7788

OR

Send via Secure Email to : referrals@clossmans.com

Insurance Provider: *(please select)*

- | | |
|--|---|
| <input type="checkbox"/> Aetna Better Health of Ohio | <input type="checkbox"/> ComCare |
| <input type="checkbox"/> Buckeye Community Health Plan | <input type="checkbox"/> Greene County Council on Aging |
| <input type="checkbox"/> Caresource (OH Home Care) | <input type="checkbox"/> Molina Healthcare of Ohio |
| <input type="checkbox"/> Carestar | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Catholic Social Services | <input type="checkbox"/> United Healthcare |

Member Information:

First Name: _____ Middle: _____ Last Name: _____
 Gender: Male Female Language: _____
 Address: _____ Apartment: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Primary Phone: _____ Secondary Phone: _____
 D.O.B. _____ Health Condition ICD10#: _____
 Medicaid#: _____ Member ID: _____

For Case Manager Authorized Alternate Signatures:

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Member Emergency Contact Information:

Contact Name: _____ Relationship: _____
 Contact Phone Number: _____ Extension: _____
 Contact Email: _____

Referring Person's Information:

Organization: _____
 Case Manager Name: _____
 Contact Phone Number: _____
 Contact Email: _____

Referral Details:

Referral (Authorization)#: _____
 Service Start Date: _____ Service End Date: _____
 Frequency: Weekly Bi-weekly
 Meal Type: _____ Meal Max #: _____ Diet Required: _____
 Comments (Including special instructions for delivery): _____

