



NURSE CASE MANAGER ASSIGNMENT REQUEST

Date of Request:	Patient Name:	Member ID:
Insured Member:	Group:	Policy #:
Reason for requesting to have a Nurse Case Manager assigned to you:		
What is your preferred form of communication with your case manager? (please check all that apply)		
Home Phone:	Work Phone:	Cell Phone:
Mailing Address:		Email address:
Do you give permission to your case manager to discuss your medical and financial information with your spouse, family, and/or any other designated individual(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please sign below and list any individuals who may discuss your medical and financial information with your case manager:		
Member/Legal Guardian Name (please print):		
Member/Legal Guardian Signature:		
Date Signed:		
How did you hear about PEHP's Case Management Department and availability of nurse case manager? (please check all that apply):		
<input type="checkbox"/> PEHP Customer Service	<input type="checkbox"/> PEHP Website	<input type="checkbox"/> Benefit Book
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Medical Provider	<input type="checkbox"/> Employer's Human Resources
<p>If you need assistance with claims or understanding your healthcare benefits, please visit our website at www.pehp.org and log in to your "my PEHP" account or contact PEHP Customer Service at (801-366-7555 or toll free at 800-765-7347. Please FAX completed form to PEHP Case Management at 801-366-7449 or mail to PEHP Case Management, 560 East 200 South Salt Lake City, Utah 84102</p>		