



## Healthfirst Cares powered by Welldoc® App Referral Form

Providers can refer any Healthfirst member who may benefit from the app's diabetes tools and program resources, regardless of healthcare plan. To refer a member, please complete this form and email it to [welldocreferrals@healthfirst.org](mailto:welldocreferrals@healthfirst.org).

Referred by	
Name:	Title:
Phone:	Fax:
Source	<input type="checkbox"/> Primary Care Office <input type="checkbox"/> Specialist/Ancillary
	<input type="checkbox"/> Healthfirst Member Service Community <input type="checkbox"/> Care Manager/Organization
	<input type="checkbox"/> Other

Member Information	
Name:	
Date of Birth:	Healthfirst ID#:
Preferred Language:	Phone:
Area of Residence:	<input type="checkbox"/> Manhattan <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Long Island <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Westchester
Member Diagnoses/Conditions:	
How will the member benefit from the Healthfirst Cares powered by Welldoc App?	

Please contact your Healthfirst Network Account Manager with any questions you may have.