

Referral Process to Disease Management

Referral Process:

Referral or Request for Disease Management

559-312-2619

CMRequest@healthcomp.com

Email or leave voicemail (secured line) with the following information

Your request will be process within 24 hours

Your Name
Call back number
Name of person being referred
Date of birth
ID number
Employer
Reason why person is being referred to case management

