



One Care Program Referral

If your patient meets the following criteria, they could be eligible to enroll in our One Care Program:

- ✓ Between 21–64 years of age
- ✓ a Massachusetts resident living in our service area
- ✓ eligible for MassHealth Standard or CommonHealth and Medicare

In addition to MassHealth Standard and Medicare benefits, the One Care Program offers clients many additional services. These benefits and more are provided on an **as needed basis with the approval of an interdisciplinary care team**:

- Prescription drugs with no co-pay
- No co-pay for over the counter medications
- Eye Glasses and hearing aids
- All necessary dental services
- Podiatry services
- Companion services*
- Transportation and interpreters*
- Durable medical equipment
- Prosthetics and orthotics
- Personal care and homemaker services*

If applicable, affix patient label here

***As needed with the approval of an interdisciplinary care team**

To refer your patient to our One Care Program, please provide us with the following information:

Client/Patient Name	Date of Birth	Language Spoken
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Client/Patient Address

Client/Patient Telephone	MassHealth ID#
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Other Contact	Relationship	Telephone	Language Spoken
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Referral date	Referred by	Primary Care Clinician
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Title of person making referral (check all that apply):

- Primary care physician
 Nurse practitioner
 Social worker
 Other:

Client/Patient agrees to the release of the above information to Commonwealth Care Alliance and would like a Commonwealth Care Alliance representative to contact them to discuss the program.