

Complex Case Management - PE
Pasadena, CA 91188
Phone (866) 551-9619
Complex-Case-Management@kp.org

Signature:

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REFERENCE NO:	Status:	☐Approved as Requested	□Denied
		□Approved as Modified	$\square Deferred$

□Routine: (877) 515-6591 FAX

Phone Number:

## **Benefit Inquiry for Community Based Adult Services (CBAS)**

□Expedited: (877) 515-6591 FAX

**SECTION I**  $\Box$ M  $\Box$ F D.O.B.\_\_\_\_\_Age:\_\_\_ Patient Name:\_ First Last Mailing Address: \_\_\_\_\_ City: \_\_\_\_ Zip: \_\_\_\_ Phone No: \_\_\_\_\_ Social Security #:\_\_\_\_\_CIN#:\_\_\_\_ **SECTION II** Requestor Name:\_ Telephone Number:\_\_\_\_\_Email:\_\_\_\_ Address:\_ Relationship to Patient: SECTION III **SECTION IV** Information Regarding Patients Need for Service: Additional Comments: DO NOT WRITE BELOW THIS LINE For Kaiser Permanente Use Only:

Date: