



REFERRAL TO COMAGINE HEALTH

Disabled Children at Home (TEFRA) consideration

Instructions: Fill in the information and fax to Comagine and a Care Coordinator (if one has been selected).

Date: _____

To: Comagine Health
741 Sesame Street, Suite 100
Anchorage, AK 99503
Phone: (907) 550-7600, option 3
Toll-free Phone: (888) 578-2547, option 3
Fax: (877) 265-9549

From: _____
Phone: _____
Fax: _____

Applicant/Recipient Name: _____ DOB: _____

Social Security Number: _____ Client ID: _____

Address: _____

City: _____ Zip: _____

DPA Medicaid Application Date or Ongoing Medicaid: _____

Parent/Guardian Name (if applicable): _____

Day Phone Contact Numbers: _____

Care Coordination Agency: _____

Care Coordination Agency Phone Number: _____