

CASCADE HEALTH ALLIANCE2909 Daggett Ave. Suite 225, Klamath Falls, OR
541-883-2947**FAX: 541-882-6914****FLEX FUND REQUEST FORM****INCOMPLETE REQUESTS WILL BE RETURNED**Print legibly**Member Eligibility for Flex Funds: Requires members to be on CHA for one year****Current Documentation is required to support this request**

DATE:		REQUESTING PROVIDER:	
NAME & PHONE OF INDIVIDUAL COMPLETING FORM:			
MEMBER NAME :	MEMBER ID#:	DOB:	
MEMBER'S CURRENT PHONE NUMBER:			
ICD-10 DIAGNOSES CODE(S):			

TYPES OF SERVICES FOR FLEX FUNDS LISTED BELOW

Health Improvement	Medical Supplies	Home Safety Needs	Food & Oral Supplements
Please state how this will improve the member's health & well-being:			
Provider Signature Required:			
Approved	Modified	Denied	
Reviewed By:		Date of Review:	