



Cascade Health Alliance, LLC

2909 Daggett Avenue, Suite 225 Klamath Falls, OR 97601 Phone: 541-883-2947 Fax: 541-882-6914

FLEXIBLE SERVICES REQUEST FORM

INCOMPLETE REQUESTS WILL BE RETURNED

Print Legibly

Members must be enrolled with CHA at the time of the request. Documentation of enrollment 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):			

FLEXIBLE SERVICES REQUESTED LISTED BELOW:

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



Cascade Health Alliance, LLC

MEMBER RECEIPT OF FLEXIBLE SERVICE

Patient Name: _____ PCP/Ordering Phys: _____

Date: _____ Filled by: _____ DX: _____

Attach accompanying approved Flexible Services Request Form or Prescription

Member #: _____ Flexible Fund #: _____

QTY	ITEM	UNIT	VENDOR	COST PER UNIT
	YMCA PUNCH CARDS	1 ea	YMCA	75.00
	Thick-it	1 ea	MIIJ585	16.87
	Pill dispenser w/ alarm and lights	1 ea	MDSA29063	74.99
	397LB SCALE	1 ea	MPH07H800	46.91
	300lb scale	1 ea	MDR300FM	10.96

Maternity

QTY	ITEM	UNIT	VENDOR	COST PER UNIT
	Size 1 Diaper	1 bag	MSC266041	3.12
	Size 2 Diaper	1 bag	MSC266042	6.41
	Walmart Gift Card	1 ea	Walmart	50.00

Received by: _____ Signature: _____ Date: _____

(Please print)

CHA Staff: _____ Signature: _____ Date: _____

(Please print)