



**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. Be sure to include any documentation to support this request. We cannot process requests without proper documentation.**

<b>DATE:</b>		<b>REQUESTING PROVIDER:</b>	
<b>NAME, PHONE, and FAX OF INDIVIDUAL COMPLETING FORM:</b>			
<b>MEMBER NAME:</b>		<b>MEMBER ID#:</b>	<b>DOB:</b>
<b>MEMBER'S CURRENT PHONE NUMBER AND ADDRESS:</b>			
<b>ICD-10 DIAGNOSES CODE(S):</b>			

**FLEXIBLE SERVICES REQUESTED LISTED BELOW:**

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



# 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)