



Referral Form: Pennsylvania

Phone Number: (844) 232-0500

Fax: (844) 249-5579

Email: referrals@aspirehealthcare.com

Please fax this completed form to (844) 249-5579 or email to referrals@aspirehealthcare.com

More information is available at www.aspirehealthcare.com or by calling (844) 232-0500.

Aspire Health is Proud to Serve Members of our Health Plan Partners:

- Highmark Freedom Blue Medicare Advantage
- Highmark Security Blue Medicare Advantage
- Highmark Community Blue Medicare Advantage

- Aspire Health partners with providers and health plans to provide supportive care to patients and families living with a serious illness or multiple complex conditions.
- Our clinical model is based on the concept of “co-management” in which Aspire’s clinical team does **not** take over a patient’s care from the PCP and specialists but instead establishes a partnership with the PCP and specialists to provide an extra layer of support for the patient in the patient’s home.
- Our visiting clinician will reach out to a patient’s PCP or specialist to coordinate any major changes in a patient’s care plan and will send a one-page summary of the visit to a patient’s PCP and specialists so that everyone stays on the same page.
- We offer the patient access to a team of clinicians 24 hours a day, 7 days a week.

If you have any questions about Aspire’s services, **please feel free to call us any time at (844) 232-0500.**

Patient Name _____ Date of Birth _____

Insurance Company _____

Insurance/Member ID # _____ Is the patient aware of this referral? Yes No

Street Address _____

City _____ State _____ ZIP Code _____

Phone Number(s) _____

Primary Caregiver Name _____

Primary Caregiver Number _____

Primary Diagnosis/Reason for Referral _____

Referring Physician’s Full Name _____

Referring Physician’s Phone _____ Fax # _____

Referrer’s Name _____

Primary Care Physician’s Name _____

Primary Care Physician’s Phone Number _____