

**Diabetes Prevention Program: Patient Referral Form**

I would like to refer the patient below for the Diabetes Prevention Program (a Diabetes Risk Reduction and Prevention Course) 16 weekly core sessions for patients 18 years of age and older.	
<b>Enrollment options</b>	
<input type="checkbox"/> Patient referred to <a href="https://www.solera4me.com/AnthemBC_MediCal">https://www.solera4me.com/AnthemBC_MediCal</a> for enrollment. <input type="checkbox"/> Patient prefers to call <b>1-833-516-4483</b> to the complete enrollment process. Note: All patients should expect a follow up call from Solera within one week of referral.	
<b>Physician information</b>	<b>Patient information (Fill out below or attach information.)</b>
Name:	Name (on ID card):
Address:	Health plan ID number (including alpha prefix):
Phone:	Address:
Fax:	
Number of pages, including this form:	Phone:
	Email:
	DOB:
Preferred program for this patient (optional):	
<b>Diabetes Prevention Program qualification requirements (Please select all that apply.)</b>	
<input type="checkbox"/> BMI $\geq 25$ ( $\geq 23$ , if Asian)      Height:      Weight:	
<input type="checkbox"/> 18 years of age or older	
<input type="checkbox"/> Blood-based diagnostic test (optional, if available)      Lab value:      Date:	
<input type="checkbox"/> A1c: 5.7-6.4%	
<input type="checkbox"/> Fasting plasma glucose: 100-125 mg/dL	
<input type="checkbox"/> 2-hour (75 gm glucose load) plasma glucose: 140-199 mg/dL	
<input type="checkbox"/> History of gestational diabetes	
<b>Please email or fax this form to:</b> <b>Email:</b> mdrefer@soleranetwork.com <b>Fax:</b> 602-391-2667 <b>Phone:</b> 1-844-206-3728 <b>Address:</b> Solera Health, Inc. 111 W. Monroe St., Suite 300 Phoenix, AZ 85003-1718	

<https://mediproviders.anthem.com/ca>

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