

Medical Meals Referral Form

Thank you for your interest and referral to the Medical Meals Program offered by Anthem Blue Cross (Anthem). The goal of this program is to provide medically tailored meals to people living with chronic conditions in order to improve their health and well-being and reduce medical costs.

If you would like to refer a member into the program, please fill out the following form to the best of your ability. **Spaces are limited, so please don't delay.**

Member name:	
Member ID:	Member DOB:
Member meal delivery address (include city, state, ZIP code and apt/unit #):	
Member phone number:	
Member caregiver or secondary contact if recipient unreachable:	
Secondary contact relationship to member:	
Member PCP/specialist name and phone number:	
Does the member consent to participating in this 13-week, medically tailored meals pilot? Yes \square No \square	
Is the member food insecure? (optional) Yes □ No □	
Does the member have: Microwave □ Refrigerator □	
For a member to become eligible for the Medical Meals Program, they must meet the following criteria:	
Member has Anthem as their primary insurance: Yes □ No □	
This program is county-specific, and member must reside in one of the following counties:	
☐ Los Angeles	□ Tulare
□ Santa Clara	□ Madera
□ San Francisco	☐ Sacramento
□ Alameda	□ Kings
☐ Fresno	

https://mediproviders.anthem.com/ca

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Member must have one of the following:		
☐ Congestive heart failure*		
☐ Hypertension*		
□ End-stage renal disease		
☐ Gestational diabetes		
*Newly diagnosed or I/P or ED visit or increased/additional medication within the past 90 days		
Referring party organization		
Referring organization:		
□ Hospital		
□ SNF		
□PCP		
□ Specialty		
□ Community organization		
□ PMG		
□ County/public agency		
☐ Whole-person care or Health Homes provider		
Organization name:		
Name of person submitting referral:		
Contact info (phone number and/or email of person submitting referral):		
Desired menu type		
If specific health condition meals or food preferences are needed, check the appropriate box below (if applicable):		
☐ Lower sodium		
☐ Heart friendly		
☐ Vegetarian		

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☐ Diabetes friendly (carbs < 65 grams/entrée < 110 grams/meal, sodium average 570 mg/entrée 810 mg/meal)
☐ Renal friendly (sodium < 700 mg, potassium < 833 mg, phosphorus < 300 mg)
☐ Gluten-free (tested less than 20 ppm, not a dedicated kitchen)
☐ Pureed (for dysphagia patients and those with difficulty swallowing)
Menu comments/special delivery instructions:

Please forward referral form securely to either:

• Email to: CASpecialPrograms@anthem.com

• Fax to: **1-844-429-9626**

Provider Customer Care Centers: