

## Transition of Care Services Request Form

**Fax completed form to: (505) 843-3047**

Today's Date (MM/DD/YYYY): \_\_\_\_\_ Employee/Subscriber's Name: \_\_\_\_\_

**Please use one form per family member**

This form is to help you to transition you or your family's health care to Presbyterian Health Plan, Inc./ Presbyterian Insurance Company, Inc. (Presbyterian). **You may need to speak with your medical provider to complete sections of this form.**

**Section 1: Transition of Care Information**

- Transition of Care services are available for about **30 days from your effective date** with Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian).
- Transition of Care services are available for **30 days following the termination date** of the provider's contract with Presbyterian.
- Prior Authorization is required for out-of-network services rendered by an out-of-network provider during the 30-day transition period. The Prior Authorization is subject to approval by a Presbyterian medical director.
- For Point-of-Service (POS) and Preferred Provider Organization (PPO) members: In some circumstances, out-of-network services approved for Transition of Care may be payable as in-network during the Transition of Care period.
- Transition of Care services are available for any of the reasons listed below.

**Check (✓) all that apply if your treating provider is not an in-network provider**

- |  |  |
|--|--|
| <input type="checkbox"/> I need a transplant, and I am scheduled for one, or just had one.   | <input type="checkbox"/> I have a scheduled upcoming surgical procedure  |
| <input type="checkbox"/> I had a surgical procedure and undergoing follow-up care  | <input type="checkbox"/> I am in my 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester of a pregnancy. Transition of Care is available for the remainder of the pregnancy, delivery, plus postpartum care. |
| <input type="checkbox"/> I have a serious medical condition that requires ongoing care   |  |
| <input type="checkbox"/> My network provider has terminated his/her contract with Presbyterian and I checked one of the boxes above. |  |

**Section 2: Employer and Employee or Member Information**

Employer Name (if insurance is through an employer): \_\_\_\_\_

Employee/Member's ID Number/SSN: _____	Employee's Date of Birth: (mm/dd/yr) _____
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Employee/Member's Address (City, State Zip): _____	Employee/Member's Phone Numbers: Work: _____ Home: _____ Cell: _____
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This request is about:     My Care     Care of a Family member (Dependent)

**If Transition of Care is for a Dependent, please complete the following:**

Dependent's ID Number/SSN: _____	Dependent's Date of Birth (mm/dd/yr): _____
Home Phone: _____	Cell Phone: _____

**Section 3: Medical Services Needs**

Diagnosis Codes (from your provider): _____	Description of Diagnosis: _____
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Procedure/CPT Codes (from your provider): \_\_\_\_\_

<b>Description of services (include number of times services are needed and upcoming dates-of-service. For pregnancy services, please include delivery date):</b>	<b>Date(s) of Service:</b>

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<b>Section 4: Provider(s) of Transitional Services Information</b>		
<b>Please complete the following information for the provider rendering the services.</b>		
Provider Name:	Provider Number:	
Provider Name:	Provider Number:	
Provider Name:	Provider Number:	
<b>Section 5: Case Management Request</b>		
Even if Transition of Care services are not needed, you may wish to use the services of a Presbyterian nurse case manager. <i>If you have a chronic or serious medical condition, we may be able to help you access appropriate care. Please list any chronic or serious health conditions:</i>		
<b>For Presbyterian Use Only</b>		
Email sent to Enrollment, if special need identified	<input type="checkbox"/> <b>Done</b>	<input type="checkbox"/> <b>N/A</b>
Sent to Enrollment?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

### CONFIDENTIALITY NOTICE

**IMPORTANT WARNING:** The document accompanying this message is intended for the use of the person or entity to whom this message is addressed. These documents may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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Enclosures: Notice of Nondiscrimination and Accessibility, English and Spanish **[(Long) MPC081640]**  
 Multi-Language Interpreter Services **[(Long) MPC071602]**