

Request for Continued Access to Providers for Ongoing Care

Please complete this form if you are **currently receiving ongoing medical care** from providers that are not in-network under your new health plan or have recently terminated from the Blue Cross Medicare Advantage (BCMA) network. This form is also needed if you have services that were previously approved by your health plan or have ongoing treatment that requires a Prior authorization even if the provider is in-network. In certain circumstances, the health plan may authorize the member to continue receiving medical care from an out-of-network provider at the in-network level of benefit for covered services. It may be necessary to request medical information from your current provider(s).

Select request type (please check one):

- Transitioning of Care (New to Blue)
- Continuity of Care (Special Circumstances, Existing Accounts, switching from one Provider to another, Provider Groups/Facilities Terminating)

Please Fill in Form:
MEDICAL

Name: _____
 NPI ID #: _____
 Phone #: _____
 Fax #: _____
 Address: _____
 Date of last visit: _____
 Next visit: _____

BEHAVIORAL

Name: _____
 NPI ID #: _____
 Phone #: _____
 Fax #: _____
 Address: _____
 Date of last visit: _____
 Next visit: _____

Please check as applicable:

- Pregnancy or undergoing course of treatment for pregnancy
 Estimated due date: _____
- Surgery scheduled or recently performed.
 Date of surgery: _____
- Scheduled for nonelective surgery.
 Date of nonelective surgery: _____
- Including receipt of postoperative care.
 Date of post-op care receipt: _____

Provider specialty (please check one)

- MD/DO (Medical Doctor/Doctor of Osteopathic Medicine)
- PHD (Doctor of Philosophy)
- LCSW (Licensed Clinical Social Worker)
- LPC/LCPC (Licensed Professional Counselor/Licensed Clinical Professional Counselor)

- Transplant list:
Please provide copy of approval letter
- Physician appointment scheduled.
Date of appt: _____
- Undergoing a course of treatment for serious and complex condition.
Dates of Frequency and Duration: _____
- Undergoing institutional or inpatient care from the provider.
Dates Range of Inpatient Stay: _____
- Having been determined to be terminally ill.
Date declared terminally ill: _____
- LMFT (Licensed Marriage and Family Therapist)
- BCBA (Board Certified Behavior Analyst) Other

Phone: Home: _____ Work: _____ Cell: _____

Signed (Patient or Guardian): _____ Date: _____

I hereby authorize the BCMA Medical Director or designee to obtain any information and medical records from the above physician(s)/provider(s) in connection with making an informed decision regarding my request for Treatment in Progress (Transitional Care benefits) under my new Health Plan. I understand that I am entitled to a copy of this Authorization Form.

Instructions:
Attention: Transition of Care Request
Fax: 1-855-874-4711
Mail: P. O. Box 660694
Dallas, Tx 75266-0694
Customer Service Phone: Please call the number on the back of your card

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All

 **Blue Cross Medicare AdvantageSM Plan**

HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>