



MEDICARE CONTINUITY OF CARE NOTIFICATION FORM for Services and Out of Network Provider
 Fax: 800-552-8633;
 Phone: 800-452-8633

Please complete the continuity of care notification for treatment that is active for a specific condition that was treated prior to Member's enrollment date.

Member Information		
Last Name:	First Name:	
ID# A	Date of Birth:	
Requesting Provider Information		
Name	Provider # or Tax ID	NPI
Telephone/Ext.	Fax	Contact Person
Service Provider or Facility (e.g., Hospital, Surgery Center, DME Provider etc.) Please include: Name, Address, Tax ID, NPI, Phone/Fax Numbers & Contact Person		
Name	Provider # or Tax ID	NPI
Telephone/Ext.	Fax	Contact Person
Requested Service for Continuity of Care		
<input type="checkbox"/> Office Procedure	<input type="checkbox"/> Administration of Medication	
<input type="checkbox"/> Outpatient Surgery/Treatment	<input type="checkbox"/> Chemotherapy	
<input type="checkbox"/> Inpatient Admission	<input type="checkbox"/> Other	
Diagnosis: ICD Code and Description		
Code	Code	Code
Description	Description	Description
Procedure: CPT Code/HCPCS and Description		
Code	Description	
Code	Description	
Code	Description	
Provide additional information or changes to be made to an existing continuity of care notification form. Also include supporting chart notes for requested service, documentation of treatment received for specific condition prior to provider Term date, diagnostic tests & lab values when appropriate.		

Continuity of Care will be provided for the first 90 days of enrollment: Authorization may be required following this timeframe, if services continue.