Client Transition of Care Form

**PURPOSE**

It is the goal of the Payer Compass Medical Management Team to assist with transitioning from the previous medical benefit plan without any disruption in care. Please complete this form to help us make the transition as seamless as possible for any member receiving active treatment with for services such as:

* Chemotherapy/Radiation Therapy
* Intravenous Infusion
* Medical Supplies/Durable Medical Equipment
* Scheduled Surgeries/Procedures (approved by your previous medial benefit plan but not performed)

**INSTRUCTIONS**

* Please complete the TRANSITION OF CARE FORM providing as much information as possible.
* To allow us to ***obtain medical records from the provider***, the member must complete the Authorization to Release PHI form.
* Completed forms are returned to Payer Compass Medical Management by fax at 866-308-9225 or by email to utilizationreview@payercompass.com.
* Questions can be directed to Payer Compass Medical Management at 877-810-9939 during business hours of Monday through Friday 8:00 am to 6:00 pm EST.

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| Member Name(s) | DOB  | Phone Number | Email  | Medical Service(s) |
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***Disclaimer*** *– Standard Precertification and authorization procedures and guidelines apply. Transition of Care is a service for new members transitioning to your new medical plan with Medical Management performed by Payer Compass. Submitting this form does not guarantee continued care with providers, medical suppliers, or coverage. January 17, 2023.*