



Transition of Care Form

(To be used when a new member is currently receiving care from a non-participating provider)

As a new member to our Plan, we want you to continue to get care for your condition. If you are being treated by a doctor who is not a member of the Plan, you still may be able to get care with the doctor for up to 90 days. Please complete this form or have your doctor fax it to us at 1-650-498-5657. A Plan nurse or doctor will review it and tell you if you can keep seeing your non-plan doctor. If you need help filling out this form call Member Services at 1-855-996-8422.

Beneficiary Information:

Beneficiary Name: _____ Coverage Effective Date: _____

Group Number: _____ Employer Name: _____

Patient Information:

Patient Name: _____ Patient DOB: _____ Medicare ID#: _____

Patient Address: _____

Home Telephone #: _____ Work Telephone #: _____

Best Time to Contact You: _____

Provider Information:

Primary Care Provider (PCP): _____

PCP Address: _____

PCP Telephone #: _____

1) Treating Provider/Specialist Name: _____ Telephone #: _____

Specialist Address: _____

2) Treating Provider/Specialist Name: _____ Telephone #: _____

Specialist Address: _____

Services Requested for Transitional Care: (Check all that apply)

- Ambulatory/Same Day Surgery Durable Medical Equipment GYN/Infertility
 Hospice Care Inpatient Care (After surgery) Mental Health
 OB _____ (Date of delivery) Oncology Out of Network Care
 Outpatient Rehab (Physical/Occupational/Speech therapy) Pediatrics
 Surgery _____ (Treatment/Type of surgery and scheduled date)
 Transplant _____ (Type of transplant)
 Other Care/Treatment (Please explain):

Chronic/Long-term illness: _____

Diagnosis: _____

Brief description of active treatment being received:

Stanford Health Care Advantage is an HMO plan with a Medicare contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)。