Transition of Care Request for New Managed Care* Members

Please complete this form if you would like to temporarily continue coverage with your current non-network provider as you transition your care to a Blue Cross Blue Shield of Massachusetts (BCBSMA) network provider.

Subscriber Information

Subscriber name: ______________________________

Subscriber address: ______________________________

Effective date of new coverage: ______________ BCBSMA ID# ______________

Patient Information

Patient name: ______________________________

Home phone #: (   ) ______________ Work phone #: (   ) ______________

Have you chosen a Primary Care Physician (PCP)? ☐ **yes** ☐ **no**

If **yes**, name: ______________________________

Do we have your permission to contact your PCP with the results of this review? ☐ **yes** ☐ **no**

Treatment Information

Please list those providers who are not part of the BCBSMA network that are currently treating you.

Provider name: ______________ Phone #: (   ) ______________

Service(s): ______________________________

Length of treatment: ______________ Expected number of visits: ______

Provider name: ______________ Phone #: (   ) ______________

Service(s): ______________________________

Length of treatment: ______________ Expected number of visits: ______

Provider name: ______________ Phone #: (   ) ______________

Service(s): ______________________________

Length of treatment: ______________ Expected number of visits: ______

Note: We may need to contact you to obtain medical records for clinical review. Should we call ☐ *home* ☐ *work?*

Please include a completed *Release of Medical Record Information* form and return it with this form to:

Blue Cross Blue Shield of Massachusetts, Inc.
Attn: Clinical Coordination Transition of Care Unit
25 Newport Ave Extension
No. Quincy, MA 02171

You may fax to: **(617) 246-4217**

Once we have received your medical records and completed our review, we will contact you and your provider(s) with the results. Please allow seven days for us to complete this review.

** Form does **not** apply to Blue Care® 65 or Federal Employee Plan (FEP) members.*