



### Member Request for Transitional Care Benefits and Release of Information

Please complete this form if you are currently receiving medical care from physicians or providers that are not listed in your provider directory and would like assistance in coordinating your medical care with the new medical plan. It may be necessary to request medical information from your current physician(s) or provider(s). Transitional care benefits, for covered services, may be available for up to 90 days after your group's effective date of coverage. After 90 days, the medical director will review any requests for benefits, made in writing, according to our standard prior authorization review process.

**Important: Transitional care benefits must be discussed with a case management specialist if your group contract is already in effect. Please call the pre-certification telephone number indicated on the back of your identification card. Providers not in the network of your plan may still bill for charges over our allowed amount.**

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Employee Name \_\_\_\_\_ ID# / SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### **PATIENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### **MEDICAL INFORMATION**

What is the health condition, diagnosis or treatment plan for which the patient is seeking transitional care benefits? \_\_\_\_\_

- Is the patient receiving care for a pregnancy?  Yes  No If Yes, what is the estimated due date? \_\_\_\_\_
- Is there a surgery scheduled or recently done?  Yes  No If Yes, what is or was the date of the surgery? \_\_\_\_\_
- Is the patient currently on a transplant list?  Yes  No If Yes, please provide a copy of the approval letter.
- Does patient have a physician or provider appointment scheduled?  Yes  No If Yes, please indicate the date of the patient's next appointment. \_\_\_\_\_

#### **PHYSICIAN OR PROVIDER INFORMATION**

Physician or Provider Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of hospital, durable medical equipment vendor or group facility \_\_\_\_\_ Date of Last Visit \_\_\_\_\_ Date of Next Visit \_\_\_\_\_

Physician or Provider Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of hospital, durable medical equipment vendor or group facility \_\_\_\_\_ Date of Last Visit \_\_\_\_\_ Date of Next Visit \_\_\_\_\_

Physician or Provider Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of hospital, durable medical equipment vendor or group facility \_\_\_\_\_ Date of Last Visit \_\_\_\_\_ Date of Next Visit \_\_\_\_\_

A Utilization Management representative may contact you to obtain medical records for clinical review.

What is the best number to reach you? Home: \_\_\_\_\_ Work: \_\_\_\_\_

*I hereby authorize the Blue Cross and Blue Shield of Texas medical director or designee to obtain any information and medical records from the above physician(s) and provider(s) in connection with making an informed decision regarding my request for treatment in progress (transitional care benefits) under the medical health plan. I understand that I am entitled to a copy of this authorization form.*

Signed: (Patient or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

|                |                          |  |
|----------------|--------------------------|--|
| Return form to | Fax: <b>866-739-4093</b> | Mail: Blue Cross and Blue Shield of Texas<br>Utilization Management – Transitional Benefits<br>P.O. Box 833874 Richardson, TX 75083-3874 |
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**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance.  
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hsc.net](mailto:CivilRightsCoordinator@hsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

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|--------------------------|---|
| العربية<br>Arabic        | إن كان لديك أو لدى شخص تساعدته أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.   |
| 繁體中文<br>Chinese          | 如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984.  |
| Français<br>French       | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.            |
| Deutsch<br>German        | Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.    |
| ગુજરાતી<br>Gujarati      | જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો. |
| हिंदी<br>Hindi           | यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।                                 |
| 日本語<br>Japanese          | ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。  |
| 한국어<br>Korean            | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.   |
| ພາສາລາວ<br>Laotian       | ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເບື້ອງພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບນາຍແປພາສາ, ໃຫ້ໃບຫາບີ 855-710-6984.  |
| Diné<br>Navajo           | T'áá ni, éí doodago ła'da biká anánílwo'ígíí, na'ídiłkidgo, ts'ída bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bína'ídiłkidígíí bee ní hodoonih. Ata'dahalne'ígíí bich'i' hodíílnih kwe'é 855-710-6984.                     |
| فارسی<br>Persian         | اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.                    |
| Русский<br>Russian       | Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.       |
| Español<br>Spanish       | Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.                                |
| Tagalog<br>Tagalog       | Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.   |
| اردو<br>Urdu             | اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔                                   |
| Tiếng Việt<br>Vietnamese | Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.                        |