



Transition of Care Request for New PPO Members

Welcome to Blue Cross Blue Shield of Massachusetts! To be eligible for "in-network" benefits, in most cases you will need to select a health care provider who is in your local PPO network. However, we know that it can be difficult for new members to leave a relationship they already have with a provider who is not in the network. To make the transition to an in-network provider easier – and minimize interruptions to treatment programs that may be underway – you can request temporary coverage for short-term transitional care. If approved, you will be covered at the in-network level of benefits for services rendered by an out-of-network provider for 30 days (may be longer for pregnancy or a terminal illness).

Please complete this form if you would like to be considered. Please attach more forms for additional providers.

Subscriber Information

Subscriber name: _____

Subscriber address: _____

Effective date of new coverage: _____ Policy ID# _____

If request is for maternity-related care, please indicate expected delivery date: _____

Patient Information

Patient name: _____

Home phone #: _____ Work phone #: _____

Treatment Information

Please list those providers who are not part of the network who 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: _____

Note: We may need to contact you to obtain medical records for clinical review.

Should we call home or work ?

Please include a completed a Member Authorization for Release of Information form and return it with this form to:

Blue Cross Blue Shield of Massachusetts

Attn: Correspondence Unit

P.O. Box 9134

No. Quincy, MA 02171-9134

You may fax to: (617) 246-6332

Once we have completed our review, we will contact you with the results. If you have questions, please call the Member Service number listed on your ID card.

Transition of Care Request Form