

# Transitional Care Form



Our goal is to provide benefits for continuity of care for any member of Anthem Blue Cross and Blue Shield who is in *active treatment for an acute or chronic condition or receiving prenatal care during the second or third trimester of pregnancy* (examples: inpatients receiving acute care, chemotherapy, ongoing post-hospital care), through the current period of active treatment **or** up to 90 days. If you or any covered family member are receiving care of this kind, please complete this form. Information provided will be kept confidential by Anthem Blue Cross and Blue Shield and will only be used as appropriate for medical management and transition of care. Anthem Blue Cross and Blue Shield may share this information with your primary care provider (PCP) and/or specialist and may be in contact with you to facilitate continuity of care.

**Hospital:** \_\_\_\_\_

**Subscriber/Employer Info:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Insurance Type, i.e., (HMO) \_\_\_\_\_

**Patient/Member Info:**

Patient/Member Name: \_\_\_\_\_  
Patient/Member DOB: \_\_\_\_\_ Patient/Member SS#: \_\_\_\_\_  
Patient/Member Address: \_\_\_\_\_

Patient/Member Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Primary Care Provider (PCP): \_\_\_\_\_

PCP Address: \_\_\_\_\_

PCP Telephone #: \_\_\_\_\_

Specialist Physician: \_\_\_\_\_

Specialist Address: \_\_\_\_\_

Specialist Telephone #: \_\_\_\_\_

**Description of Care:**

OB  Date of Delivery  GYN  Transplant  
 Pediatrics  Oncology  Durable Medical Equipment  
 Mental Health  Other \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Brief description of active treatment being received: \_\_\_\_\_

Signature of Subscriber or Patient: \_\_\_\_\_

**For office use only:** If telephonic intake, confirm that confidentiality statement has been read. Initial \_\_\_\_\_  
Print Full Name \_\_\_\_\_ Dept \_\_\_\_\_ Extension \_\_\_\_\_

**Please mail completed form to: Attention Medical Management Department**

Anthem Blue Cross and Blue Shield  
3000 Goffs Falls Road  
Manchester, NH 03111-0001

(or) fax to Medical Management at: (603) 695-7014