MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Transition of Care Request for New PPO Members

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

Blue Cross Blue Shield of Massachusetts
PO Box 9134
One Enterprise Drive
Quincy, MA 02171-9134
Or fax to: **1-617-246-6333**

Please complete this form if you would like Blue Cross Blue Shield of Massachusetts (Blue Cross*) to consider short-term coverage at the "in-network" level of benefits with your current out-of-network provider to give you some time to transition your care to a PPO network provider.

Subscriber information			
Subscriber name:			
Subscriber address:		Date of birth:	
Effective date of new coverage:		Blue Cross ID #:	

Patient information			
Patient name:			
Home phone #:	( )	Work phone #:	( )
Have you chosen a Primary Care Provider (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 Blue Cross network that are currently treating you.			
Provider name:		Specialty:	
Provider address:		Phone #:	( )
NPI/License #:		Date treatment began:	
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	( )
NPI/License #:			
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	( )
NPI/License #:			
Length of treatment:		Expected number of visits:	

We may need to contact you to obtain medical records for clinical review. Which phone number do you prefer?	☐ Home ☐ Work

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.

**Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.