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 complete this form if you would like Blue Cross Blue Shield of Massachusetts (BCBSMA) 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. For more details about this program, please refer to the *Temporary Transitional Care for New PPO Members* form.

Subscriber Information

Subscriber Name: _____

Subscriber Address: _____

Effective Date of New Coverage: _____

Blue Cross Blue Shield of Massachusetts Identification Number: _____

Patient Information

Patient Name: _____ Date of Birth: _____

Home Phone Number: _____Work Phone Number: _____

Treatment Information

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

Provider Name: _____ Provider Specialty: _____

Provider Address: _____ Provider Phone Number: _____

Provider NPI/License Number: _____Date Treatment began: _____

Length of Treatment: _____Expected Number of Visits: _____

Provider Name: _____ Provider Specialty: _____

Provider Address: _____ Provider Phone Number: _____

Provider NPI/License Number: _____Date Treatment began: _____

Length of Treatment: _____Expected Number of Visits: _____

Provider Name: _____ Provider Specialty: _____

Provider Address: _____ Provider Phone Number: _____

Provider NPI/License Number: _____Date Treatment began: _____

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.
PO Box 9134
North Quincy, MA 02171-9134
Attn: Correspondence Unit

You may fax to: (617) 246-6333

Once we have received your medical records and completed our review, we will contact you with the results.