



Continuity of Care Request

What is continuity of care? When a doctor or other health care provider leaves the Blue Cross Blue Shield of Massachusetts network, and you or a family member are currently receiving treatment for one of the conditions below, you may qualify to continue your care with in-network coverage. This care is for a specific amount of time. Continuity of care can help support you while your care is transitioned to another in-network health care provider, without a sudden change to your coverage.

Please complete this form and send it back to us. If we need additional information, we will contact you.

Subscriber information		
Subscriber name:		Date of birth:
Subscriber address:		
Blue Cross ID #:		
Patient (member) information		
Patient name:		Date of birth:
Patient address (if different from above):		
Home phone #:	Cell phone #:	Work phone #:

Treatment information (To be completed by your health care provider. Please check all that apply.)

The patient (member):

- Is in second or third trimester of pregnancy. Due date: _____
- Is considered terminally ill (life expectancy < 6 months)
- Is undergoing active treatment for a chronic (ongoing) condition that is in an acute phase
- Is undergoing active treatment for a chronic acute condition (sudden and severe condition)
- Other—describe condition and reason for requesting continuity of care

List health care provider leaving the Blue Cross Blue Shield of Massachusetts network and requested services		
Health care provider name:		
Address:		
NPI #:	Phone #:	
Service(s) requested:	Type of specialist:	
Length of expected treatment:	Expected # of visits:	
Name of physician requesting continuity of care (please print):		
Physician signature:	Date:	

Return the completed form to:

Blue Cross Blue Shield of Massachusetts
 Attn: Clinical Coordination Continuity of Care Unit
 One Enterprise Drive 02/05
 North Quincy, MA 02171
 Fax: **1-888-282-0780**

Please expect a decision within 14 days.