



HEALTH CHOICE®

Leading the Way to Quality Care

Continuity of Care (COC) Form

To submit requests, please fax completed form to 1-855-236-9281.

Member Name:	Member ID:
Member DOB:	Member Effective Date:
Treatment Start Date:	Treatment End Date:
Provider Name (Provider Completing Form):	

Member Information

1. Is the member pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If yes, when is the due date? (mm/dd/yyyy)		
3. Is the member currently receiving treatment for acute trauma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the member scheduled for surgery or hospitalization after the effective date with Prestige?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the member involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the member receiving treatment as a result of a recent major surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the member receiving behavioral health services for a serious mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the member receiving substance abuse treatment or ongoing treatment for chronic pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the member receiving care for a terminal illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Please describe above condition. If you did not answer "Yes" to any of the above questions yet request COC, please describe the condition(s) for which there is a request for COC		

Provider Information

Provider's Name	Telephone Number(s):
Provider's Specialty:	Provider's Email Address:
Provider's Complete Mailing Address:	
Reason for COC/Diagnosis:	
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)
Type of Surgery	
Please describe Treatment Being Received and Expected Duration (provide in narrative; provide additional clinical information with COC form, as needed):	