



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 Members

Please complete this form to request temporary coverage with your out-of-network health care providers. Fax or mail the form and a completed *Member's Authorization for Release of Information* form to the appropriate address or fax number, as shown below.

For:	Mail to:	Fax to:
HMO members	Blue Cross and Blue Shield of Massachusetts Attn: Clinical Coordination Transition of Care Unit One Enterprise Drive, M/S 02/06 Quincy, MA 02171-2126	1-888-282-0780 (medical and surgical) 1-888-641-5199 (behavioral health)
PPO members	Blue Cross and Blue Shield of Massachusetts PO Box 9134 One Enterprise Drive Quincy, MA 02171-9134	1-888-246-6333 (all requests)

Subscriber information			
Subscriber name:		Date of birth:	
Subscriber address:			
New Blue Cross* coverage effective date:		Blue Cross ID #: (required)	
Patient information			
Patient name:			
Home phone #:		Work phone #:	
Do you have a primary care provider (PCP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name:			
Do we have your permission to contact your PCP with the results of this review?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If we need to contact you for medical records for clinical review, which phone number do you prefer?			<input type="checkbox"/> Home <input type="checkbox"/> Work
Treatment information			
Please list doctors and other health care providers who are currently treating you that are not in the Blue Cross network.			
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	

Once we have received your medical records and completed our review, we will contact you and your doctor with the results. Please allow two weeks for us to complete this review.

If you have questions about completing this form, please call Member Service at **1-800-782-3675**.

Please note: form does **not** apply to Medicare HMO Blue® or Federal Employee Plan (FEP) members.

*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.