

## New Member Transition of Care Request

Welcome to Banner Medicare Advantage. As part of your onboarding experience, we want to ensure you receive uninterrupted and coordinated care for your healthcare needs. Transition of Care coverage allows you to continue receiving services when you change plans for specified medical and behavioral conditions for a defined period with a health care provider. Example of conditions that may qualify include inpatient care, terminal illness treatment, an active course of treatment for acute medical conditions, active treatment for serious and complex conditions, scheduled non-elective surgery and/or recent major surgeries still in follow-up period. By completing the form below, you will receive a call from our care coordination team to assist you.

**Enrollment Plan Type:**  HMO  PPO  D-SNP

**Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Primary Care Provider (Name, Phone, City):** \_\_\_\_\_

**Are any of your current providers not contracted with Banner Medicare Advantage?**

Yes  No

**IF YES,** please list the provider's name and phone # \_\_\_\_\_

**Do you need assistance with any of the following:**

Medications

Durable Medical Equipment (DME)

Treatment because of major surgery

Behavioral Health

Chemotherapy/Radiation

Transplant

Acute Condition

Other: \_\_\_\_\_

### UPCOMING APPOINTMENTS or PROCEDURES

Date	Provider/Facility	Procedure/Visit Type

**Are you in danger of running out of any medication, DME or medical supply soon after your effective date with Banner Medicare Advantage?** YES  NO

**IF YES,** please list the name of the medication, medical equipment, or supply with the approximate date you will be without: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

Please email this completed form to:

Email: [BHNPopHealthManagement@bannerhealth.com](mailto:BHNPopHealthManagement@bannerhealth.com)

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Care Center or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Our Customer Care Center is available from 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Prime HMO: (844) 549-1857, TTY 711

Banner Medicare Advantage Plus PPO: (844) 549-1859, TTY 711

Banner Medicare Advantage Dual HMO D-SNP: (877) 874-3930, TTY 711