

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 health care 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 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:

- | | |
|---|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Chemotherapy/Radiation |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Treatment because of major surgery | <input type="checkbox"/> Acute Condition |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> 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: 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 Dual HMO D-SNP: 877-874-3930, TTY 711