Independent Health

Care Management Continuity Form

MEDICARE

Thank you for choosing Independent Health. We are committed to ensuring you receive the right care at the right time and place. If you are new to Independent Health, you will be provided a minimum 90-day transition period, during which time we won't require prior authorization for any active course of treatment.

To assist us in ensuring a smooth transition for you, please complete this form if you:

1. **Currently have a Case Manager assigned to you with your current insurance carrier.**
2. **Are currently in an active course of treatment for an acute medical or behavioral health condition or trauma:**
   - Heart Attack, Stroke, or unstable chronic medical condition
   - Recent major surgery still in the follow-up period (6-8 weeks)
   - Transplant candidate
   - Newly diagnosed or relapsed cancer in midst of chemotherapy or radiation
   - Dialysis treatment
   - Mental health or substance use treatment
   - Doctor visit or hospital stay with documented changes in treatment within 21 days prior to plan effective date
   - Other medical condition(s) or continued care needs: _____
3. **Are scheduled to be in the hospital when coverage through Independent Health starts.**
4. **Have a chronic health condition such as Diabetes Mellitus, Coronary Artery Disease or Hypertension and would like the added support of an Independent Health Care Manager.**

Please complete the following:

Last Name: _____ First Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Daytime Phone Number where we can reach you: (____) _____

Email Address: _____ Employer Name: _____

Primary Care Provider Name: _____ Phone Number: (____) _____

Specialist Name: _____ Phone Number: (____) _____

Please mark all that apply:

____ Need assistance understanding coverage and benefits

____ Need assistance changing to a new primary care provider

____ Need assistance managing medical condition(s)

____ Currently taking a specialty medication that requires prior authorization

____ Currently receiving treatment requiring prior authorization (supporting documentation attached)

Please return completed form to:

Email: LGsales@independenthealth.com

Mail: Independent Health, Sales Administration, 511 Farber Lakes Drive, Williamsville, NY 14221

Questions? Call **Medicare Member Services** at **(716) 250-4401** or **1-800-665-1502 (TTY: 711);**
Oct. 1 – Mar. 31: Mon. – Sun., 8 a.m. – 8 p.m.; Apr. 1 – Sept. 30: Mon. – Fri., 8 a.m. – 8 p.m.

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