



# Medical Transition of Care Report "CONFIDENTIAL INFORMATION"

If you and/or an eligible family member are currently under the care of a physician who is not in the Welborn Health Plans network, and you feel you must continue to see your current doctor for the short term, you must complete the information below and return to Welborn Health Plans. You need to **fill out STEP 1** and **have your physician complete STEP 2** in order to be considered for coverage.

### STEP 1:

Employee's Name: _____	
Subscriber's Social Security #: _____	
Address: _____	
Telephone #: Home: _____	Work: _____
Patient's Name: _____	
Have you chosen a Primary Care Physician (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name: _____	Contact #: _____
Address: _____	

Please Note: A utilization management representative may contact you to obtain medical information for clinical review. Please mark which phone number we should call:  HOME  WORK

Welborn Health Plans will notify you of the determination within two weeks after all requested information is received.

I authorize the release to Welborn Health Plans of all medical, hospital, or other institutional or agency records regarding the diagnosis, treatment, or services provided to my covered dependents and/or me for the purpose of evaluating this application.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### STEP 2:

<b>This portion is for the <i>Primary Care Physician (PCP)</i> to complete.</b>	
What service or treatment is the patient currently receiving outside of the available network? _____ _____	
Expected length of treatment: _____	
Expected number of visits: _____	

Please list the physician or hospital associated with each service/treatment, along with a phone number:

	Physician Name	Physician Phone #	Treatment
1			
2			
3			

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

### STEP 3:

<p><b>Fax completed form to: Welborn Health Plans, Pre-Certification Department: (812) 773-0544 (Fax)</b>  Call (812) 426-6600 (Option 3) with questions. Or mail to: Welborn Health Plans, ATTN: Health Services,  101 S.E. Third Street, Evansville, IN 47708.</p>
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