Continuity of Care Form

UM Department Phone #: 844-824-8653

UM Department Fax #: 888-522-6740

PLEASE COMPLETE ALL SECTIONS WITH AN ASTERISK AND ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY.

Requestor's Contact Name:	Requestor's Contact #:	
Patient Information:		
*Name:	*DOB:	
*Medicaid ID	*Patient Phone #:	
Member Information:		
1. Is the member pregnant?		☐ Yes ☐ No
2. If yes, when is the due date? (mm/dd/yyyy)		
3. Is the member currently receiving treatment for acute trauma?		☐ Yes ☐ No
4. Is the member scheduled for surgery or hospitalization after the effective date with Prestige?		☐ Yes ☐ No
5. Is the member involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy, or a candidate for Organ Transplant?		☐ Yes ☐ No
6. Is the member receiving treatment as a result of a recent major surgery?		☐ Yes ☐ No
7. Is the member receiving behavioral health services for a serious mental illness?		☐ Yes ☐ No
8. Is the member receiving substance abuse treatment or ongoing treatment for chronic pain?		☐ Yes ☐ No
9. Is the member receiving care for a terminal illness?		☐ Yes ☐ No
10. Please describe above condition. If you did not answer "Yes" to any of the above questions yet request COC, please describe the condition(s) for which there is a request for COC.		
Procedure Information:		
***ICD 10** Diagnosis:	Diagnosis Description:	
***CPT/HCPC** Code & Description *(Include Unit of Measure / Frequency for supplies):*		
*Date(s) of Service:	# of Units or Visits:	
*Place of Service:		
Provider Information:		
Requesting Provider	Is this the patient's Primary Care Physician? ☐ Yes ☐ No	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		
Rendering Provider (If Requesting and Rendering providers differ, complete section below)	☐ Same as the Requesting Provider	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		
Facility	☐ N/A	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		
Request for extension to existing authorization number:		

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INCOMPLETE INFORMATION MAY DELAY THE PROCESS.

Always verify eligibility, benefits and prior authorization requirements