

Member Notification Form for Continuity of Care at Cancer and Pediatric Facilities

Mass General Brigham Health Plan members enrolled through a small employer group in a tiered network plan may be eligible to continue receiving their active course of treatment at the lowest member cost-sharing tier (Tier 1) for a serious illness. In order for Mass General Brigham Health Plan to determine if the member is eligible for this coverage, the following information below must be provided before the first date of continued treatment begins under the Mass General Brigham Health Plan tiered network plan.

Member name:	Member ID number:
Your name (if different from member listed above):	Your phone number:
Enrollment effective date in tiered network plan:	Date active treatment began:
Name of treating provider:	Phone number of treating provider:
Please select the facility where your active treatment is provided:	
Boston Children's Hospital Dana Farber Cancer Institute Floating Hospital for Children at Tufts Medical Center	Massachusetts Eye and Ear Infirmary Nashoba Valley Medical Center Shriners Hospitals for Children - Boston Shriners Hospitals for Children - Springfield
Please check off the services provided as part of the active treatment at the facility you selected:	
<input type="checkbox"/> Cardiac Rehabilitation (93797) <input type="checkbox"/> Physical therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Speech therapy	<input type="checkbox"/> Diagnostic (91010) <input type="checkbox"/> Imaging (76880) <input type="checkbox"/> X-ray (74000) <input type="checkbox"/> High Tech Radiology (70450)

You may submit this form for review by:

Email form to:
 HealthPlanCustomerService-Members@mgb.org

Mail this form to:
 Mass General Brigham Health Plan
 Attn: Claims Manager
 399 Revolution Drive, Suite 940
 Somerville, MA 02145

Fax form to:
 Attn: Claims Manager
 617-526-1902

If Mass General Brigham Health Plan determines you are not eligible for this coverage, you must pay the cost-sharing amount you would normally pay for covered services furnished at one of these listed comprehensive cancer or pediatric facilities, as indicated in your Schedule of Benefits.

Please complete the entire form. Incomplete forms will be denied. Please allow up to 15 days for processing. For additional information and requirements, log in to **Member.MassGeneralBrighamHealthPlan.org** or call the number on the back of your Member ID card, Monday-Friday from 8:00 AM to 6:00 PM and Thursday, from 8:00 AM to 8:00 PM.

Signature _____ Date _____

This form can be signed by the member, parent/guardian of a child under the age of 18 or a personal representative. If signed by a personal representative, please be sure that Mass General Brigham Health Plan has the Personal Representative Designation form already on file or submit along with this form. The form is available on **MassGeneralBrighamHealthPlan.org**.