



New Member Transition of Care Form

We're here to help! Our Customer Service Professionals will work with you and your providers so you can access medically necessary services. For example: medication infusions, scheduled surgery.

PRINT FORM CLEAR FORM

First and last name
Phone Email address
Member ID number (if received) Name of employer

To be eligible for consideration, you or your family member must:

- Be receiving ongoing care for specific medical conditions* (See Question 1 for typical conditions)
• The care must have started prior to enrollment with AllWays Health Partners

To request New Member Transition of Care, please answer the following questions:

1. What are you requesting Transition of Care for? If not listed, please explain.

- ☐ Pregnancy ☐ Behavioral health condition ☐ Specialty Pharmacy/home infusion
☐ Cancer: newly diagnosed/ ongoing cancer treatment ☐ Enrollment in a care management/disease management program ☐ Recent heart attack
☐ Sick newborn requiring intensive care ☐ Acute trauma or surgery ☐ Pharmacy
☐ Scheduled or approved elective surgery ☐ Applied Behavioral Treatment (ABT) ☐ Rare medical condition or other (please specify below)

2. What is the name of the provider(s) you or your dependent receive care from?

Provider name Phone Provider address
Provider name Phone Provider address

3. When was the last time you or your dependent saw this provider(s) for the conditions noted?

4. How often do you or your dependent see this provider(s)?

- 5. What's the best way to reach you during business hours? ☐ Email ☐ Telephone
Do you give us permission to leave a message? ☐ Yes ☐ No

Member signature (Parent or legal guardian for members under age 18) Date

Return completed form by email, mail, or fax. A Customer Service Professional will get back to you to help you make a smooth transition. If you have questions, call Customer Service at 866-643-8392 (Option 1).
Email: You can email this form to customerservice@allwayshealth.org
Mail: AllWays Health Partners Customer Service 399 Revolution Dr. Suite 820 Somerville MA 02145
Fax: 617-586-1799

*Examples of chronic medical condition that typically are not eligible for Transition of Care program (unless the condition is not stable OR the member receives IV medication infusions for a chronic condition) include arthritis, asthma, allergies, diabetes, hypertension, and COPD/emphysema.