Continuity of Care Program

Continuation of ongoing treatment or previously scheduled surgeries with a provider who is not in the First Choice Health PPO Network.

The First Choice Health Medical Management team can assist you in continuing care for a limited time with a provider who is not part of the First Choice Health PPO Network. They will also work with you to transfer your care to a provider who is part of the First Choice Health PPO Network to ensure you continue to receive the highest level of benefits without disruption to your care.

If your provider is part of the First Choice Health PPO Network you do not need to complete this form. Your care can continue as scheduled without need for coordination.

You are encouraged to complete the Transition Planning Request Form if:

- You are in your third trimester of pregnancy
- You have an upcoming planned major surgery
- You are in the process of receiving post-operative follow up care within the period defined by a global fee
- You are undergoing a high dose chemotherapy Regimen for a cancer condition
- You are undergoing treatment following an organ transplant or waiting on an organ transplant
- You are undergoing home health care, home IV infusion therapy, using Durable Medical Equipment (DME) rental equipment or oxygen
- You are in a long term care facility

When filling out the Transition Planning Request Form:

1. Please complete the form on the reverse side of this page and provide information for all of the requested fields.

2. Fax the completed form to Medical Management at (206) 268-2920 or our toll free fax at (888) 272-3289.
   - Medical Management may contact you by phone at the number you provide between 9:00AM and 4:00PM approximately one week after receipt of your completed form. The purpose of this call is to clarify questions about the information you provided and to assist you in this transition.
   - After review by Medical Management, your Out-of-Network provider’s fees identified in this continuity of care treatment plan may be paid as In-Network through December 31, 2012.
   - Services provided to you after December 31, 2012 by all Out-of-Network providers will be paid at the Out-of-Network rate & coinsurance.

The Transition Planning Request Form is on the reverse side of this page.
Transition Planning Request Form

If your provider is part of the First Choice Health PPO Network you do not need to complete this form. Your care can continue as scheduled without need for coordination.

Effective date of coverage with your current employer: 

Employer:  
Name:  
Social Security Number:  
Date of Birth:  

Employee:  
Name:  
Social Security Number:  
Date of Birth:  

Patient:  

Current Specialist:  
Name:  
Contact Phone #:  

Primary Care Doctor:  
Name:  
Contact Phone #:  

Please describe your ongoing health condition or needs: 

Surgery:  
Type of Planned Surgery:  
Hospital:  
Planned Surgery Date:  

Pregnancy:  
Place of Delivery:  
Due Date:  

Facility Name:  
Admin Date:  

Please mail or fax this form to:  
First Choice Health  
Attn: Medical Management  
600 University St, Suite 1400  
Seattle, WA 98101  
Fax: (206) 268-2920  

Disclaimer: Completion of this form is not a guarantee of Fax authorization for continued care. A representative from First Choice Health’s Medical Management team will contact you.