

Transition of Care Form

Welcome to Geisinger Health Plan! As your new health insurance provider, we'll make sure you keep getting the care you need – even when a doctor you're being treated by isn't in the participating network.

Do any of the situations below apply to you or dependents covered under your health insurance? If so, complete this form and provide the information to us as soon as possible. You can use any of the following methods:

- Fax: 570-214-4539
- Phone: 800-544-3907
- Mail: Use business reply envelope or mail to:
Attn. Medical Management 32-20
Geisinger Health Plan
100 N. Academy Drive
Danville, PA 17822

The Medical Management Department will contact you when they receive this form. They'll talk with you about your needs to make your transition to Geisinger Health Plan easier.

Check all that apply to you and/or your dependents:

I have an authorization from my previous health insurance carrier for a course of treatment/procedure/inpatient admission.

I have a planned hospitalization.

I'm pregnant and receiving care from a provider who is not in my identified participating network.

I'm under the care of a specialty provider who is not in my identified participating network.

I'm in a nursing home and receiving skilled care.

I'm receiving physical therapy, occupational therapy or speech therapy.

I'm receiving home health services.

I have durable medical equipment in my home (e.g., oxygen, CPAP, BiPAP, hospital bed, nebulizer machine).

I'm receiving other services (list here): _____

Questions about your ongoing care? Call the Medical Management Department at 800-544-3907 on weekdays from 8 a.m. to 5 p.m.

Your name: _____

Birthdate: _____

Phone: _____ Best time to call: _____