

# GlobalHealth Transition of Care Request Form

• **This form needs to be completed if you are currently under care utilizing a different health carrier. This is necessary, even if your current provider is also a GlobalHealth provider. Some specialists and facilities currently scheduled for your care may differ from GlobalHealth's network.** • Use separate form for each condition. Photocopies of this form are acceptable. Attach additional information if necessary.

Employer	Policy #	Date of Enrollment in GlobalHealth Benefit Plan (mm/dd/yyyy)	
Employee Name		Employee Social Security #	Work Phone
Home Address Street	City	State Zip	Home Phone
Patient's Name	Patient's Soc. Sec. #	Patient's D O B (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy?  Yes  N
2. If yes, when is the due date? (mm/dd/yyyy)
3. Is the patient currently receiving treatment for any acute conditions or trauma?  Yes  N
4. Is the patient scheduled for surgery or hospitalization after your effective date with GlobalHealth?  Yes  N
5. Is the patient involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant?  Yes  N
6. Is the patient receiving treatment as a result of a recent major surgery?  Yes  N
7. Is the patient receiving mental health/substance abuse care?  Yes  N
8. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care. Utilize space on back of page. Utilize space on back of page

9. Please complete the treating physician's information below.

Group Practice Name		
Physician's Name		Telephone # of Physician
Physician's Specialty		
Address of Physician		
Name of Hospital at Which Your Physician Practices		Telephone # of Hospital
Address of Hospital		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

10. Is this patient expected to be in the hospital when coverage with GlobalHealth begins or during the next 60 days?  Yes  No
11. Newly selected Globalhealth Primary Physician's Name

