



Health Net®

# Health Net of California Transition of Care Assistance Request Form

Member's Name: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_ Member's Birth Date: \_\_\_\_\_

Health Plan #: \_\_\_\_\_ Please Check One: HMO \_\_\_\_\_ POS/PPO \_\_\_\_\_ Seniority Plus \_\_\_\_\_

Member's Address: \_\_\_\_\_

Member's Telephone #: Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Preferred Tel. # to call from 8-5: (\_\_\_\_) \_\_\_\_\_

**From:** Medical Group/Insurance Co: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**To:** Medical Group/Insurance Co: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Current Treatment(s): \_\_\_\_\_

### Reason(s) for Requesting Assistance (Please Check All That Apply)

#### My Medical Need(s) Is/Are (Please Check all that Apply)

- Surgery
- Radiation
- OP Mental Health
- Pregnancy and Immediate post partum
- Care of Newborn
- Acute/Serious Chronic Condition
- Scheduled Surgery/Procedure
- Specialist(s):
- Surgical Follow up Care
- Chemotherapy
- Transplant
- Terminal Illness
- Scheduled Appointment: Date: \_\_\_\_\_

Name of Specialist(s): \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Specialist(s): \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Specialist(s): \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Specialist(s): \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Date of Scheduled Appointment: \_\_\_\_\_ Authorization # if Avail: \_\_\_\_\_

Authorized By: \_\_\_\_\_

#### Other Special Needs/Comments: \*\*\*

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Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### If filled out by other than the member:

Name of Requestor: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail to:** Health Net of California Transition of Care Unit

Health Services – 5<sup>th</sup> floor

P.O. Box 9103, Van Nuys, CA 91409

**or Fax to:** 818-676-6639

\*\*\* Attach another page for other additional information as needed \*\*\*