



Continuity of Care Request Form for Academic Urology Care Management and Coordination

In very limited circumstances, HMO and POS members who meet certain specific criteria*, may be eligible for coverage for services considered Continuity of Care to be performed by an Academic physician after January 31, 2012. Such coverage may be authorized for only a limited period of time while ongoing care is arranged with a network physician. HMO/POS members requesting a Continuity of Care extension past January 31, 2012 must provide their signature below acknowledging their understanding that this is a limited exception to their benefit plan. In addition, supporting medical documentation must be submitted. Forms without a member's signature or supporting medical documentation will be considered incomplete.

Member ID # _____ Effective date of coverage _____

Subscriber name _____

Group # _____ Group name _____

PATIENT INFORMATION:

Patient name _____ Date of birth _____

Street address _____

City _____ State _____

ZIP _____ Home phone # (_____) _____

**An extension of Continuity of Care beyond ninety (90) days is only available through the current period of active treatment for an acute condition or through the acute phase of a chronic condition. I have read the above and understand that Continuity of Care will not be extended indefinitely and that I must select a new, in-network physician as soon as possible.*

Patient Signature: _____

PROVIDER INFORMATION:

Doctor's name _____

Street address _____

City _____ State _____ ZIP _____

Specialty _____ Office phone # (_____) _____

Condition being treated _____

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Is the patient actively being treated for an acute condition or the acute phase of a chronic condition? If the answer is yes, please explain: _____

How long has the doctor been treating the patient for this condition?

_____ Years _____ Months _____ Visits

When did the acute phase of the condition begin and when is it expected to end?

Please explain: _____

Additional comments _____

**Please fax this form and supporting medical documentation to #215-761-0943
or mail it to:**

**CMC Precertification Department
Continuity of Care
1901 Market Street, 30th Floor
Philadelphia, PA**