

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

Continuity of Care exceptions may be authorized to allow Members to continue receiving treatment by a Non-Participating provider and have such treatment covered at the in-network level of benefits. Continuity of Care exceptions may be approved for up to four months (until March 31, 2012) if it is medically necessary for the member to continue treatment with an Academic physician. Members requesting a Continuity of Care extension must provide their signature below acknowledging their understanding that this is a limited exception to their benefit plan. In addition, supporting medical documentation from an Academic physician must be submitted. Forms submitted without a member's signature and supporting medical documentation will be considered incomplete.

Member ID # _____

Subscriber name _____

Group # _____ Group name _____

PATIENT INFORMATION:

Patient name _____ Date of birth _____

Street address _____

City _____ State _____

ZIP _____ Home phone # (_____) _____

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 _____ Office phone # (_____) _____

Street address _____

City _____ State _____ ZIP _____

Condition being treated _____

-Please complete information on reverse side-

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: _____

Why is it medically necessary for the patient to continue treatment with this physician?
Please explain: _____

Additional comments:

**Please fax this form (both sides) and supporting medical documentation
to #215-761-0943 or mail to:
CMC Precertification Department
Continuity of Care
1901 Market Street, 30th Floor
Philadelphia, PA**