

## **Continuity of care transition assistance form**

If you a have planned surgery, testing or ongoing treatment after September 1, 2023, complete the form below and mail it to Aetna®. You can use the envelope provided. A nurse case manager will reach out to you to ensure a smooth transition to your new Aetna Medicare Advantage PPO plan.

If you have:	
☐ Planned surgery or hospitalization after September 1, 2023	
a) Name of procedure	
b) Date	-
c) Facility	-
d) Physician name and phone number	_
	_
☐ Planned testing after September 1, 2023	
a) Name of procedure/test	_
b) Physician name and phone number	_
	_
Ongoing complex medical treatment (for example, chemotherapy, radiation, dialy follow-up from surgery)	/sis,
a) Current treatment	
b) Physican name and phone number	
Ongoing home health care (HCC) a) Type of HHC	
Request to speak to a nurse case manager for coaching and support to improve h	ealth
Ongoing prescription specialty medicine	
a) Name of medication	
b) Ordering physician and phone number	

## Member's name Birth date Address City State ZIP Home phone Cell phone ☐ Yes ☐ No Do we have permission to call and text? Alternate contact person/provider name (if applicable) **Address** ZIP City State Do we have permission to leave your alternative Yes ☐ No contact person/provider a detailed message? Appointment of Representative form and ☐ Yes ☐ No Third Party Administrator form provided? Individual who helped complete this form Relationship to member

Member/alternate contact/provider information and contact authorization (please print)

**CONY.AetnaMedicare.com** 



