

Health Care Transition Form



Please complete this form if you or any of your dependents meet any of the following criteria –

- You are currently receiving an active treatment plan with a physician that will be considered out of network.
For example cancer care, maternity care
- You are receiving home infusion or home care services

Medical management staff may contact you to assist with coordination of your health care needs. **If transition of care is approved, this is not a guarantee of benefits. Your deductibles, coinsurance and copayment will still apply and you may be responsible for amounts in excess of usual, customary and reasonable.**

Please complete the information below and return the form using one of the following methods –

- Fax to: Medical Management Department at (608) 821-4207
- Mail to: Medical Management Department, 2650 Novation Parkway, Madison, WI 53713

Employee name:	Date of birth:
Employer name:	
If the transition regards your dependent, please list the dependent's name:	Dependent's date of birth:
Phone number and best time between 8 a.m. and 5 p.m. to contact you:	
Email address:	
Description of condition and treatment including any medications:	
If pregnant, please indicate due date:	
Current physician(s) including location(s) and specialty:	
Any additional questions or areas of concern:	

If you have any questions, please send a message to Quartz Customer Service through the message center within MyChart or call (800) 805-0693. To request your MyChart account, go to QuartzMyChart.com.