

# Transition of Care Worksheet

Use this worksheet for your own personal reference to make sure you know how to get the care you need.



If you or a covered family member is being treated for a medical condition and your current provider is **not** in the new network, you may be able to temporarily continue care with your current provider(s) at the in-network rate once your new medical coverage begins.

My Condition: \_\_\_\_\_  
(If you're not sure how to describe your condition or the treatment required, call your doctor and ask.)

## Call your insurance carrier for answers to these questions:

- ? Are the treatments/procedures I need covered and eligible for transition of care?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ? What do I or my doctor need to do to get a transition-of-care request approved?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ? How long will I be able to continue seeing my current doctor at the in-network rate after the new plan year begins?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ? How do I find a new in-network doctor?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ? How can I check ratings/reviews of doctors?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Call your doctor for answers to these questions:

- ? What is the treatment transition plan? What do I need to do? What do you need to do?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ? Can you recommend any doctors in my new network?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Applies to Orthodontia Too

If you will have a **new dental insurance carrier** and you or your covered family members will continue receiving ongoing orthodontic treatment in the new plan year, call your **new** dental insurance carrier as soon as possible to ask for help with "transition of care."