

Our goal is to make your transition of care as easy as possible. Please complete each section so we can best serve you. Once we receive your form, we will review the information and have a transition of care representative or nurse case manager contact you within five business days. We look forward to being your partner in health.

Note: Permanente Advantage provides medical review and case management for Kaiser Permanente Insurance Company (KPIC) Point-of-Service (POS), PPO and Out-of-Area (OOA) plans only.

SECTION 1

Employer name: _____ Date of coverage: ____ / ____ / ____
Member's last name: _____ Member's first name: _____
Date of birth: ____ / ____ / ____ Health record no.: _____ Gender: M F
Relationship to employee: Self Spouse/Domestic Partner Child/Dependent
Address: _____
Phone number: _____ Best time to call: _____

SECTION 2

Please tell us about your health care needs by answering the following questions.

- Yes No Are you pregnant? (Due Date: ____ / ____ / ____ Trimester: ____ 1st ____ 2nd ____ 3rd)
If yes, is your pregnancy considered high risk (multiple births, gestational diabetes, etc.)? Yes No
- Yes No Are you scheduled for surgery or hospitalization? Scheduled date: : ____ / ____ / ____
Type of surgery or procedure: _____
- Yes No Are you receiving chemotherapy, radiation therapy, cancer therapy, or dialysis treatment?
Type of treatment: _____
- Yes No Are you receiving treatment related to a recent major surgery?
Type of surgery or procedure: _____
- Yes No Are you receiving mental health treatment or substance abuse treatment?
- Yes No Are you currently using durable medical equipment (hospital bed, oxygen, etc.)?
- Yes No Are you currently being treated with specialty pharmacy drugs (for conditions such as Multiple Sclerosis, Organ Transplant, HIV, Hepatitis, Osteoporosis, Auto-Immune disease, etc.)?
Condition being treated: _____

SECTION 3

Yes No Are you currently working with a physician or dedicated case manager for your condition(s)?
Physician or Case manager name: _____ Phone number: _____
Specialty: _____ Condition: _____

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