

# Transitional Care Form

*You or a covered dependent may currently be under the care of a physician or provider who may not be in your new network. If this is the case, Secure Health will review your case and consider allowance of in-network benefits until that acute episode of care is completed and you are released from acute care. A good example of this would be pregnancy: If you or a dependent are pregnant and currently under the care of a physician who was previously in the network, you may be allowed in-network benefits for continued treatment by that physician through delivery and the follow-up period. To ensure that claims are properly handled, please complete the requested information outlined on this Transitional Care Form and return to Secure Health as soon as possible. If in-network benefits are authorized, once you are released from acute care you would be required to select a new provider that is currently participating in the network in order to receive future in-network benefits.*

**⇒ Please Mail This Information To:**  
**Secure Health**  
**Medical Management Department**  
**P.O. Box 13447**  
**Macon, Georgia 31208-3447**

<b>Employer:</b>	<b>Group #:</b>
Employee Name _____ SSN# _____	
Address _____ City, State, Zip Code _____	
Ph # (optional, including area code): Home _____ or Work _____	
<i>Patient's Name</i> _____	<i>Relationship to employee</i> _____
<i>Diagnosis</i> _____	
<i>Physician's Name</i> _____	
<i>Physician's Address</i> _____	
<i>City, State Zip Code</i> _____	<i>Ph#</i> _____
<i>Date first seen by this physician for the diagnosis mentioned above:</i> _____	
<i>Name Of Hospital Used (if applicable):</i> _____	
<i>Hospital Address</i> _____ <i>City, State, Zip</i> _____	
<b><i>Please provide any details about the diagnosis and treatment of the patient related to the reason for transitional/continued care by this physician/facility:</i></b>	
_____	
_____	
_____	