

# Health Care Transition Form



Please complete this form if you or any of your dependents are pregnant, receiving ongoing specialty care or taking medications not covered by Quartz. 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.

**Medical**       **Pharmacy**       **Both**       **Behavioral Health**

Effective Date: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact phone number and best time between 8 a.m. and 5 p.m. to call you: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Employee:     Spouse     Dependent     Self

If pregnant, please indicate due date: \_\_\_\_\_

Is this pregnancy considered high risk? (e.g., multiple births, gestational diabetes)     YES     NO

Description of medical condition and treatment. Please include any medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pharmacy only – please list any medications you have questions on (e.g., is there a Prior Authorization requirement, specialty injectables): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Durable Medical Equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current physician(s) including location(s) and specialty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any additional questions or areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the information above and return the form using one of the following methods:**

Fax to: (608) 821-4207 Attn.: Medical Management Dept.

Mail to: Medical Management Dept., 7974 UW Health Court, Middleton, WI 53562

Health plans are underwritten by Unity Health Plans Insurance Corporation.