Continuity of Care Prior Authorization Form

Instructions: To be eligible for Continuity of Care (COC), the member must have received a letter stating the treating provider is no longer participating in the member's plan (please include a copy of the letter); or the member's employer plan changed and member is in an active course of treatment as described below. Please contact Customer Service at 866.631.5404 if there are questions.

Return completed form and clinical documentation to: Aspirus Health Plan, Attn: Medical Management, PO Box 1890, Southampton, PA 18966 or Fax to 763.847.4014.

PATIENT INFORMATION

Patient Last Name	Patient First Name	Member ID	Patient Date of Birth

Address	City	State	Zip Code

Email Address	Phone Number

ORDERING PROVIDER INFORMATION

Ordering Provider Name	NPI

Facility Name	Facility Phone Number	Facility Fax Number	NPI

Facility Address	City	State	Zip Code

SERVICING PROVIDER INFORMATION

Servicing Provider Name	NPI

Facility Name	Facility Phone Number	Facility Fax Number	NPI

Facility Address	City	State	Zip Code

Requester Contact Name	Requester Phone Number	Requester Fax Number

TREATMENT INFORMATION

Diagnosis Code(s)	How long has the provider been treating patient?

Date of Last Visit	Next Scheduled Appointment	Frequency of Visits

Expected Length of Treatment	If Maternity, Expected Date of Delivery	Hospital *(if applicable)*

Conditions requiring active treatment. Please check all that apply to the member.

- ☐ Undergoing a course of treatment for a condition that is life-threatening or could cause permanent harm
- ☐ Undergoing a course of institutional or inpatient care
- ☐ Scheduled to undergo non-elective surgery
- ☐ Pregnant and undergoing a course of treatment for the pregnancy
- ☐ Terminally ill, meaning the member has less than 6 months to live and the member is receiving treatment for the illness
- ☐ Receiving care from this provider and this provider is the only culturally appropriate provider within 30 miles or 30 minutes
- ☐ Unable to speak English and the health plan company does not have a provider in its contracted preferred provider network who can provide care either directly or through an interpreter

When applicable please provide details for above checked item(s).

Ordering Provider Signature	Date