



Essence Healthcare New Member Transition of Services

Essence Healthcare members must use network providers to get their medical care and services, with limited exceptions. We understand that you may be in the middle of treatment or have an upcoming procedure scheduled with an out-of-network provider that may extend past your effective date with Essence Healthcare. If this applies to you, please complete this form and return it to the address below. We will try to arrange for network providers to take over your care as soon as your medical condition and circumstances allow.

Member Name: _____

Member Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ PCP Name: _____

Do you currently use any of the following equipment or supplies?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Ostomy Supplies | <input type="checkbox"/> CPAP or BiPAP |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Insulin Pump and/or Insulin Pump Supplies |
| <input type="checkbox"/> Hospital Bed | | |

DME or Supply Company:

Are you currently receiving any of the following care or treatment?

- Chemotherapy
- Radiation Therapy
- Outpatient Therapy (includes Physical Therapy, Occupational Therapy, Speech Therapy)
- Home Healthcare
- Hospice Care

Provider: _____ Facility: _____

Are you currently scheduled for any of the following services?

- Surgery
- Surgery Follow-Up Treatment
- Specialist Appointment

Specialist: _____ Facility: _____

Other: _____

Other: _____

Please return completed form to: Essence Healthcare
 Attn.: Utilization Management Department
 P.O. Box 5907
 Troy, MI 48007
 Fax: 1-877-755-7715