

Health Net Transition of Care Form



To be completed by agent:

Agent name

Health plan name

Health plan start date

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New member medical care checklist

Welcome to Health Net!

As a new Health Net member, we want to make sure you continue getting the health care services, medical supplies and/or scheduled care you need to feel your best. Please take a few minutes to answer the questions below so we can help make your transition to our health plan easy and complete.

Depending upon your needs, one of our health management team members may call you to find out if there are any other ways we can help you. Your answers will not affect your membership in our plan.

Your name

Your date of birth

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Your Medicare number

Your phone number

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Your address

1. Do you currently rent any durable medical equipment, such as a hospital bed, a wheelchair, or oxygen, or receive any other medical supplies on a monthly basis such as diabetic supplies?
 Yes No
2. Are you currently receiving nursing or therapy services? (Such as home health care nursing services or therapies, or outpatient therapy, including physical, occupational or speech therapy, or chemotherapy.)
 Yes No
3. Do you have surgery scheduled in the future or are you still receiving follow-up treatment from a recent surgery?
 Yes No

Date of surgery

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(continued)

For more information, please contact:

Health Net of California

PO Box 10420

Van Nuys, CA 91410-0420

ca.healthnetadvantage.com

HMO: 1-800-275-4737 (TTY: 711)

HMO SNP: 1-800-431-9007 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Health Net is contracted with Medicare for HMO and HMO SNP plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al HMO: 1-800-275-4737 (TTY: 711), HMO SNP: 1-800-431-9007 (TTY: 711)

注意：如果您說中文，您可以獲得免費的語言協助服務。請致電 HMO: 1-800-275-4737 (聽障電話：711), HMO SNP: 1-800-431-9007 (聽障電話：711)

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