22 Health
A Division of Community Care Plan

Continuity of Care Request Form

If you are an existing member and your provider's contract was terminated without cause (i.e., not due to fraud or malpractice), you may be eligible to continue care with that provider under certain conditions. To qualify, you must currently be receiving ongoing treatment from a provider who is no longer in the 22 Health network, but was previously an in-network provider. If eligible, you may receive temporary coverage at the in-network benefit level while you transition your care to an in-network provider. **Please complete this form and submit it to Support@22HealthPlan.com. Once your request is reviewed, we will notify you in writing.**

1: MEMBER INFORMATION

Name _____

Member ID # _____ **Phone #** _____

Date of Birth _____/_____/_____

Email Address _____

2: PROVIDER INFORMATION

Provider Name _____

Specialty _____

Phone # _____

Office Address _____

3: CARE INFORMATION

Please check the reason for your request:

- ☐ Pregnancy (including postpartum care)
- ☐ Ongoing treatment for a serious or chronic condition
- ☐ Other: _____
- ☐ Scheduled surgery or procedure
- ☐ Recent hospitalization or follow-up care

Describe the treatment or condition for which you are requesting continuity of care:

_____

4. AUTHORIZATION

By signing below, I authorize 22 Health to contact my provider to obtain information necessary to review this request.

Member Signature _____

Date _____/_____/_____