

## Transition of Care Worksheet

Use this worksheet for your own personal reference to make sure you know how to get the care you need.

If you or a covered family member is being treated for a medical condition and your current provider is **not** in the new network, you may be able to temporarily continue care with your current provider(s) at the in-network rate once your new medical coverage begins. Check with your 2025 medical carrier to confirm.



My Condition: \_\_\_\_\_

(If you're not sure how to describe your condition or the treatment required, call your doctor and ask.)

### Call your insurance carrier for answers to these questions:

? Are the treatments/procedures I need covered and eligible for transition of care?

Notes: \_\_\_\_\_

\_\_\_\_\_

? What do I or my doctor need to do to get a transition-of-care request approved?

Notes: \_\_\_\_\_

\_\_\_\_\_

? How long will I be able to continue seeing my current doctor at the in-network rate after the new plan year begins?

Notes: \_\_\_\_\_

\_\_\_\_\_

? How do I find a new in-network doctor?

Notes: \_\_\_\_\_

\_\_\_\_\_

? How can I check ratings/reviews of doctors?

Notes: \_\_\_\_\_

\_\_\_\_\_

### Call your doctor for answers to these questions:

? What is the treatment transition plan? What do I need to do? What do you need to do?

Notes: \_\_\_\_\_

\_\_\_\_\_

? Can you recommend any doctors in my new network?

Notes: \_\_\_\_\_

\_\_\_\_\_