



Continuity of care transition assistance form

If you have planned surgery, testing or ongoing treatment after September 1, 2023, complete the form below and mail it to Aetna® at the address on the back of this form. A nurse case manager will reach out to you to ensure a smooth transition to your new Aetna Medicare Advantage PPO plan.

If you have:

Planned surgery or hospitalization after September 1, 2023

- a) Name of procedure _____
- b) Date _____
- c) Facility _____
- d) Physician name and phone number _____

Planned testing after September 1, 2023

- a) Name of procedure/test _____
- b) Physician name and phone number _____

Ongoing complex medical treatment (for example, chemotherapy, radiation, dialysis, follow-up from surgery)

- a) Current treatment _____
- b) Physician name and phone number _____

Ongoing home health care (HCC)

- a) Type of HHC _____

Request to speak to a nurse case manager for coaching and support to improve health

Ongoing prescription specialty medicine

- a) Name of medication _____
- b) Ordering physician and phone number _____

Member/alternate contact/provider information and contact authorization (please print)

Member's name _____ Birth date _____

Address _____ City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Do we have permission to call and text? Yes No

Alternate contact person/provider name (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Do we have permission to leave your alternative contact person/provider a detailed message? Yes No

Appointment of Representative form and Third Party Administrator form provided? Yes No

Individual who helped complete this form _____

Relationship to member _____

Return this completed form to:

ATTN CITY OF NEW YORK F314 AETNA
PO BOX 818013
CLEVELAND OH 44181-9920

[CONY.AetnaMedicare.com](https://www.CONY.AetnaMedicare.com)

