



PO Box 40384 Portland, OR 97240

Dept/Ext: \_\_\_\_\_

Date Recv'd: \_\_\_\_\_

Transition of Care Request

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Group #: \_\_\_\_\_ Group Name: \_\_\_\_\_

PCP/On Call Doctor: \_\_\_\_\_ Ph #: \_\_\_\_\_ Contact: \_\_\_\_\_

Specialist Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Contact: \_\_\_\_\_

Facility: \_\_\_\_\_ Ph #: \_\_\_\_\_ Admit Date: \_\_\_\_\_

ICD9 code(s): \_\_\_\_\_ CPT code(s): \_\_\_\_\_ If Pregnant, Due Date: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Ph# \_\_\_\_\_ ODS Effective Date: \_\_\_\_\_

Reason for requesting Transition of Care: \_\_\_\_\_

\*\*\*\*\*BELOW TO BE COMPLETED BY ODS\*\*\*\*\*

Current Eligibility: \_\_\_\_\_ Disclaimer quoted? \_\_\_\_\_ Chart Notes Requested? \_\_\_\_\_

Chart notes Received? \_\_\_\_\_ Comments? \_\_\_\_\_

PCP on panel?  Yes  No Specialist on panel?  Yes  No Facility on panel?  Yes  No

Requested Chart/Progress/Xray/other \_\_\_\_\_ notes on \_\_\_\_\_ from \_\_\_\_\_ Received on \_\_\_\_\_

Authorized  Not Authorized  Partially Authorized  Additional Info Requested

Requesting provider notified of auth status w/in 48 hrs on \_\_\_\_\_ Contact Name \_\_\_\_\_

Mkg Manager Notification Name/Date: \_\_\_\_\_ ASO approval Date: \_\_\_\_\_

PR Manager Notification Name/Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Transition of Care Request Approved: Authorization# \_\_\_\_\_ Quote current disclaimer for services and eligibility

Date Span: \_\_\_\_\_ Procedure: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  Consultant/Director Review Date \_\_\_\_\_

Approved by: \_\_\_\_\_ PN  done Date: \_\_\_\_\_  Date entry Date \_\_\_\_\_

Comments: \_\_\_\_\_

Transition of Care Request Denied. Denial# \_\_\_\_\_ Request is being denied for the following reason(s):  Medical necessity for transition of care not established  Other \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  Consultant/Director Review Date \_\_\_\_\_

Denied by: \_\_\_\_\_ PN  done Date: \_\_\_\_\_  Date entry Date \_\_\_\_\_

Comments: \_\_\_\_\_