

Transition of Care Form



FROM



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 Allwell!

As a new Allwell 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

 - -

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:

Allwell

PO Box 10420

Van Nuys, CA 91499-6208

<https://allwell.mhsindiana.com>

1-855-766-1541 (HMO and PPO) (TTY: 711)

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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.

Allwell is contracted with Medicare for HMO and PPO plans. Enrollment in Allwell depends on contract renewal.

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Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-855-766-1541 (HMO and PPO) (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-1541 (HMO and PPO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-766-1541 (HMO and PPO) (TTY: 711)。
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-766-1541 (HMO and PPO) (TTY: 711).
PENNSYLVANIAN DUTCH	AADACHT: Wann du Deitsch Schwetze kann, kannscht du frei Schprooch aushilfe griege. Ruf Nummer Call 1-855-766-1541 (HMO and PPO) (TTY: 711).
BURMESE	သတိထားပါ- သင့် ဗမာစကား (Burmese) ရှုဟဆိုလို့ငှါ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ရရှိသည့်။ ကော်ဇူပီ၍ 1-855-766-1541 (HMO and PPO) (TTY: 711) ကို ခေငှပါ။
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم 1-855-766-1541 (HMO and PPO) (مكيلا و مصلا فتا ه مقرر: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-1541 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-766-1541 (HMO and PPO) (TTY: 711).
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-766-1541 (HMO and PPO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-766-1541 (HMO and PPO) (TTY: 711) まで、お電話にてご連絡ください。
DUTCH	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-766-1541 (HMO and PPO) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-766-1541 (HMO and PPO) (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-766-1541 (HMO and PPO) (TTY: 711).
PUNJABI	ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-855-766-1541 (HMO and PPO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया 1-855-766-1541 (HMO and PPO) (TTY: 711) पर कॉल करें।