## Continuity of Care Form



Continuity of care helps ensure patients in the middle of a treatment or course of care do not experience a disruption if their provider is no longer in St. Luke's Health Plan network.

Use this form to apply for in-network benefits with your existing provider through your completion of the care (not to exceed 90 days), or until you are transferred to another innetwork provider or care is no longer required, whichever occurs first. If you are receiving maternity care and you are in the second or third trimester when your treating provider leaves the network, you may elect to be treated as a continuing care patient through the first postpartum visit.

Continuity of care protections do not apply if the provider is terminated from the network due to failure to meet applicable quality standards or for fraud.

Plan Name			
Subscriber			
Contact Phone # (required)		Contact Email Address	
Patient Name			
Member ID			Date of Birth
Contact Phone # (required)		Contact Email Address	
Current Provider			Provider TIN
Provider Contact Phone #			
Please describe your ongoing health condition or needs (Please attach additional pages to this completed form if needed.)			
Surgery	Type of Planned Surgery		
Facility Name			Surgery Date
Pregnancy	Place of Delivery		Due Date
Other Name of Facility Provider		Scheduled Date	

Send completed forms to St. Luke's Health Plan via mail or email:

Mail: St. Luke's Health Plan, 800 Park Blvd. Boise, ID 83712

Email: customerservice@slhealthplan.org