



## New Employee Continuation of Care Form

Members,

It is your responsibility to have your provider complete this form and fax the required information to Prime Healthcare Utilization Management at 909-235-4414.

For any questions or concerns, please contact our dedicated Prime Healthcare Customer Service at the number listed on the back of your insurance card: 877-234-5227 or you may send an email without any patient protected information to [EHP@primehealthcare.com](mailto:EHP@primehealthcare.com).

After receiving a complete request, Prime Healthcare's Utilization Management will review and evaluate for medical necessity. If Continuation of Care is an urgent matter, please contact Prime Healthcare Customer Service.

If approved, you will receive an authorization letter mailed to your address.

For all future/ongoing services a new authorization request (<https://ehp.primehealthcare.com/forms/>) along with medical records must be initiated by your Provider and submitted for Prime Healthcare's Utilization Management review.





# Prime Healthcare

## New Employee Continuation of Care Form

### Instructions to complete request for continuation of care:

- Employees are considered “new” until 60 days after medical benefit effective date.
- This form must be completed and submitted by a healthcare provider.
- Completed form and medical record documentation/ Current Treatment Plan must be faxed to Prime Healthcare Utilization Management at 909-235-4414.

### Patient Info:

Patient Full Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_  
 Patient ID #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Guardian Name (if patient is a minor): \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

### Rendering Provider Info:

Provide Full Name: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider Telephone #: \_\_\_\_\_ Provider NPI: \_\_\_\_\_ Provider Tax ID: \_\_\_\_\_

### Services Requested for Continuation of Care (Must submit medical records):

- High risk pregnancy and third trimester pregnancy, including the immediate postpartum period.
- A non-elective surgery or other treatment that was previously approved to take place and is within 90 days from the approved date.
- A terminal illness with high probability of causing death within one year.
- Ongoing behavioral health services.
- Other critical care requiring continuity of care
- A course of institutional or inpatient care

### Diagnosis Code & Description (\*Required\*):

\_\_\_\_\_  
 \_\_\_\_\_

### CPT Code/Qty & Description (\*Required\*)

\_\_\_\_\_  
 \_\_\_\_\_

### Brief clinical description of need for continuation of care and any active treatment being received:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOS: \_\_\_\_\_

Retro Active Request (Y/N): \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date: \_\_\_\_\_

