



CONTINUITY OF CARE AT CANCER AND PEDIATRIC FACILITIES REQUEST

Member Name _____

Member ID# _____ Enrollment Effective Date _____
(in Tiered Network)

Your Name _____ Phone # _____
(if different from the Member listed above)

Date active treatment began _____

Treating Provider's name _____

Treating Provider's phone number _____

Please select the treating facility from the options below:

- Boston Children's Hospital
- Dana Farber Cancer Institute
- Floating Hospital for Children @ Tuft's
- Massachusetts Eye & Ear Infirmary
- Nashoba Valley Medical Center
- Shriners Hospital for Children – Boston
- Shriners Hospital for Children – Springfield

Please check the service (s) provided as part of your active treatment:

- Cardiac Rehabilitation (93797)
- Diagnostic (91010)
- High Tech Radiology (70450)
- Imaging (76880)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- X-Ray (74000)

Signature _____ Date _____



CONTINUITY OF CARE AT CANCER AND PEDIATRIC Important Information

- AllWays Health Partners members enrolled through a small employer group in a Tiered Network plan may be eligible to continue receiving active course of treatment for a serious illness at the lowest (Tier 1) member cost-sharing tier.
- To determine eligibility for this coverage, the information below must be provided to AllWays Health Partners before the first date of continued treatment under the AllWays Health Partners Tiered Network plan begins.
- If AllWays Health Partners determines that you are not eligible for this coverage, you must pay the cost-sharing amount you would normally pay for covered services furnished at one of these comprehensive cancer or pediatric facilities, as indicated in your Schedule of Benefits.
- Please allow 15 business days for processing.
- Please complete the form in its entirety. Incomplete forms cannot be processed.
- This form may be signed by the Member, parent (or Guardian) of a child under the age of 18 or the Member's authorized Personal Representative **already on file** with AllWays Health Partners.
- Additional information is available at allwaysmember.org or by calling the Customer Service on the back of your member ID card, Monday-Friday from 8:00 AM to 6:00 PM and Thursday, from 8:00 AM to 8:00 PM.

For your convenience, you may submit your completed form as follows:

Mail:

AllWays Health Partners
Claims Department
399 Revolution Drive
Suite 940
Somerville, MA 02145

Fax:

AllWays Health Partners
Claims Department
617-526-1902

E-mail:

customerservice@allwayshealth.org