



PRINT FORM

CLEAR FORM

Transition of Care Form

We're here to help! Our transition of care team will work with you and your providers so you can access necessary services while you are a new member. These services include surgeries, prescriptions, and doctor's appointments that may not be covered by your new plan.

Fill out this form and send it back by email, mail, or fax. Someone will get back to you to help you make a smooth transition to your new plan. If you have questions, call the transition of care team at 866-643-8392.

First & Last Name

Phone number

Email address

What's the best way to reach you during business hours? Email Telephone

What service do you need to transition?

- Prescription for _____
- Surgery for _____
- Prior authorization for _____
- Other _____

Your Providers Name

Phone number

There are three ways to return this form

Email:

EMAIL FORM

Mail:

AllWays Health Partners
Customer Service
399 Revolution Dr. Suite 820
Somerville MA 02145

Fax:

617-586-1799

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.