



True Health New Mexico Transition of Care Request Form

Who needs to complete this form? Newly enrolled members with True Health New Mexico who are receiving current medical treatment with a non-participating provider should complete this form and submit it to True Health New Mexico. You also have the option to complete this form online via a secure survey: <https://www.research.net/r/THNM-TOC>. True Health New Mexico uses a HIPAA-compliant platform and survey vendor to collect your personal responses.

Member Name	Subscriber ID	Employer Name
Home Address, City, State, Zip		Employee Date of Enrollment
Home Phone/Cell Phone	Member's Date of Birth (mm/dd/yyyy)	

1. Is the member pregnant and in her second or third trimester? Due date: ___/___/___ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high-risk? (e.g., multiple births, gestational diabetes, etc.) Yes No
3. Is the member currently receiving treatment for an acute condition or trauma? Yes No
4. Is the member scheduled for surgery or hospitalization after the effective date with True Health New Mexico? Yes No
5. Is the member involved in a course of chemotherapy, radiation therapy, cancer therapy, or terminal care? Yes No
6. Is the member receiving treatment as a result of a recent major surgery? Yes No
7. Is the member receiving dialysis treatments? Yes No
8. Is the patient a candidate for an organ or bone marrow transplant? Yes No
9. Is the member receiving behavioral health/substance abuse care? Yes No
10. Is the member expected to be in the hospital when True Health New Mexico coverage begins or during the next 30 days? Yes No

If you did not answer "yes" to any of these questions, please describe the condition for which the member requests Transition of Care and/or list any other continuing care needs that may qualify the member for Transition of Care coverage:

Please complete the health professional information requested below:

Group Practice Name		
Healthcare Provider Name	Provider Phone Number:	
Healthcare Provider Address		
Healthcare Provider Specialty		
Hospital Where Services Will Be Rendered	Hospital Phone Number	
Hospital Address		
Reason/Diagnosis		
Date of Admission (if applicable) (mm/dd/yyyy)	Date of Surgery (if applicable) (mm/dd/yyyy)	Type of Surgery
Reason for Request of Transition of Care/Treatment Being Received/Expected Duration		
I hereby authorize the above healthcare professional to give True Health New Mexico any and all of the information and medical records necessary to make an informed decision concerning my request for Transition of Care under True Health New Mexico. I understand that I am entitled to a copy of this authorization form.		
Signature of Member, Parent, or Guardian	Date (mm/dd/yyyy)	

Submit request to:

True Health New Mexico, Attn: Case Management Department/Transitions
 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110
 Phone: 1-844-691-9984 – **OR fax to 1-866-628-3047**

As this provider is neither contracted with nor has had his/her credentials verified by True Health New Mexico, we cannot ensure that the provider's background, training, and experience meet broadly accepted standards of medical practice or True Health New Mexico requirements. The purpose of the Transition of Care program is to allow you to continue receiving ongoing treatment from your existing provider for a specific medical condition for a defined time period. If at any point during the Transition of Care period, you prefer to see a True Health New Mexico-credentialed provider, please contact us for direction.