

EVERGREEN MEDICAL GROUP

Request For Continuation of Care Out-Of-Network

The transition Policy for the conversion to Evergreen Medical group PPO Option allows for the continuation of care with out-of-network providers only in special circumstances. The policy is available upon request to the Member Services Department. If you meet the requirements or feel you have special circumstances such that your medical care could not safely be transferred to a network provider, you may request consideration of your special needs by completing this form prior to the service being provided or prior to seeing the out-of-network provider. The decision will be based on information provided by you, therefore, please be as complete as possible. You will be notified in writing of the decision by the Utilization Management Department of Evergreen Medical Group. Your Primary Care Physician must be informed and must concur that the need is medically necessary before consideration can be made by the Utilization Management Department.

Enrollee _____	ID Number _____
Address _____	

Phone # _____	

Group Name _____	
Patient Name _____	Relationship _____
(Self/Spouse/Child)	
Out-of-Network Provider Requested	Name _____
	Specialty _____
	Phone # _____

Doctor of Choice _____	

Condition Being Treated _____	
Date Treatment Began _____	
Frequency of Visits _____	
Estimated Duration of Continued Care _____	
Please explain briefly the reason for your request	

Mail completed form to: Evergreen Health Plan
Utilization Management Department
P.O. Box 790
Columbus, GA 31902