



True Health New Mexico Continuity of Care Request Form

If you are receiving treatment from a provider who has terminated from the True Health New Mexico network, you may request to remain temporarily with your existing provider. This is called Continuity of Care. To request Continuity of Care, please complete this form.

MEMBER INFORMATION

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

PROVIDER INFORMATION

Group Practice Name		
Healthcare Provider Name		Phone Number
Healthcare Professional Specialty		
Diagnosis		
Date of Appointment (if Applicable)	Date of Surgery (if Applicable) mm/dd/yyyy	Type of Surgery
Reason for Request of Continuity 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 Continuity of Care Benefits 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
2440 Louisiana Blvd. NE, Ste. 601
Albuquerque, NM 87110
Attn: Case Management Department/Transitions
Phone: 1-844-691-9984

OR

True Health New Mexico
Fax: 1-800-725-1582