CHRISTIAN BROTHERS SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.0400 / 630.226.2171 fax

Member Request for Continuity of Care

Continuity of Care for covered services may be available for up to 90 days. Please complete this form if you are receiving medical treatment for a complex condition, disability, life-threatening illness, or are in your third trimester of pregnancy, and you have verified that your treating physician is no longer listed in the network provider directory.

Group Name | Group Number

Employee Name (Last, First, Middle Initial) | ID Number/Social Security Number | Date of Birth

Patient Information

Patient's Name (Last, First, Middle Initial) | Date of Birth | Relationship to Employee

Patient's Street Address | City | State | Zip Code

Phone Numbers: Home | Work | Cell

Medical Information

What is the serious health condition, diagnosis or treatment plan for which the patient is seeking transitional benefits?

Is the Patient receiving care for a Pregnancy?	☐ Yes ☐ No	If Yes, what is the estimated due date?	
Is there a Surgery scheduled or recently done?	☐ Yes ☐ No	If Yes, what is/was the date of the surgery?	
Is the Patient currently on a Transplant list?	☐ Yes ☐ No	If Yes, please provide a copy of the approval letter.	
Is the Patient currently receiving dialysis?	☐ Yes ☐ No	If yes, what was the date of first visit.	
Does Patient have an appointment scheduled?	☐ Yes ☐ No	If yes, please indicate the date and reason for the Patient's next appointment.	

Please submit a copy of any completed prior authorizations for upcoming treatment.

Physician Information

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Medical Group and/or Hospital Name | Phone Number | Street Address / City / State / Zip Code

Physician's Name (Last, First, Middle Initial) | Date of Last Visit | Date of Next Visit

2

Medical Group and/or Hospital Name | Phone Number | Street Address / City / State / Zip Code

Physician's Name (Last, First, Middle Initial) | Date of Last Visit | Date of Next Visit

A Utilization Management representative may contact you to obtain medical records for clinical review.

What is the best number to reach you? Home | Work

Signature of Patient or Guardian | Date

Failure to complete this form in its entirety may result in delayed processing or an adverse determination due to insufficient information.

Please note: This agreement only allows possible Plan benefits at the higher in-network level. Approval of a Continuity of Care request does not guarantee payment. Benefits are subject to member eligibility and the terms set forth within the Plan.

Return to: Christian Brothers Services / Health Solutions • 1205 Windham Parkway / Romeoville, IL 60446
HealthCustomerService@CBServices.org • 630.378.2504 (fax)