

# Allwell Transition of Care Form



## To be completed by agent:

Agent name

Health plan name

Health plan start date

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## New member medical care checklist

### Welcome to Allwell!

As a new Allwell member, we want to make sure you continue getting the health care services, medical supplies and/or scheduled care you need to feel your best. Please take a few minutes to answer the questions below so we can help make your transition to our health plan easy and complete.

Depending upon your needs, one of our health management team members may call you to find out if there are any other ways we can help you. Your answers will not affect your membership in our plan.

Your name

Your date of birth

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Your Medicare number

Your phone number

 -  - 

Your address

1. Do you currently rent any durable medical equipment, such as a hospital bed, a wheelchair, or oxygen, or receive any other medical supplies on a monthly basis such as diabetic supplies?  
 Yes  No
2. Are you currently receiving nursing or therapy services? (Such as home health care nursing services or therapies, or outpatient therapy, including physical, occupational or speech therapy, or chemotherapy.)  
 Yes  No
3. Do you have surgery scheduled in the future or are you still receiving follow-up treatment from a recent surgery?  
 Yes  No

Date of surgery

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(continued)

***For more information, please contact:***

Allwell

PO Box 10420

Van Nuys, CA 91410-0420

[allwell.sunshinehealth.com](http://allwell.sunshinehealth.com)

1-877-935-8022 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Allwell is contracted with Medicare for HMO and HMO SNP plans, and with the state Medicaid program. Enrollment in Allwell depends on contract renewal

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