



Filling out and submitting this form to Physicians Plus does not guarantee coverage of benefits and services. All services must be authorized by Physicians Plus prior to services being provided. Benefit coverage and eligibility is determined at the time of claim submission.

TRANSITION OF CARE FORM

Please send this to Physicians Plus within 30 days of your new enrollment date if you, or a member of your family, is undergoing medical treatment, is on medications, or is pregnant. Please complete one form for each family member as needed. Please contact Member Service at (608) 282-8900, Pharmacy Service at (608) 260-7803 or (800) 545-5015 with any questions. All information on this form will be kept CONFIDENTIAL, and used only for transition of medical care purposes.

- Fax to "Transition Form" at (608) 258-1903;
- E-mail using the subject line "Transition Form" to ppicinfo@pplusic.com; or
- Mail to Physicians Plus, Attn: Transition Form, P.O. Box 2078, Madison, WI 53701-2078.

MEMBER INFORMATION (*) indicates a required field

Employer Name:

*Employee Name

DOB:

Dependent Name:

DOB:

*Daytime Phone:

*Best time to contact you between 8:00 a.m.–5:00 pm?

Email Address:

MEDICAL INFORMATION

*Current Doctor Information (Name, Address, Phone Number):

Select reason for requested transition of care request:

- Diabetes
 Medical
 Medication
 Pregnancy (Due date: _____)
- GERD
 Mental Health
 Other _____

If checked, describe condition/treatment below:

PHARMACY INFORMATION

The Physicians Plus formulary can be viewed online at www.pplusic.com/uploads/media/WebFormulary.pdf.

If your medication(s) is/are not on the formulary, please list below:

Your Pharmacy Name and Phone Number: