REQUEST FOR CONTINUITY OF CARE BENEFITS

For Members who have changed Health Plans or Termed Providers

Who authorizes Continuity of Care?

If you are currently receiving medical care for one of the conditions as specified above that was authorized by your previous health plan, or the terminated Provider, you have the right to request a clinical Continuity of Care (COC)review. COC with your treating Provider may be authorized in those cases which a change in Provider could adversely affect your clinical care. Member preference for a particular Physician or Provider will not qualify you for COC benefits. If you do not receive Preauthorization by Clever Care or by your chosen medical group/IPA, payment for services rendered by the non-participating or terminated Provider will be your responsibility.
If you think you or a member of your family qualifies for Continuity of Care, complete this form and forward it to Clever Care as soon as possible, but not later than thirty (30) calendar days of: (i) your Effective Date of enrollment with Clever Care or (ii) your treating Provider's Effective Date of termination. Upon receipt of the completed form, Clever Care's Medical Services department will complete a clinical COC review. The decision will be made and communicated to you in a timely manner appropriate for the nature of your condition. In most instances, decisions for non-urgent requests will be made within five (5) business days of Clever Care's receipt of the completed form. You will be notified of the decision by telephone and provided with an authorization, within two (2) business days of making the decision. If your request for continued care with your treating Provider is denied, the written notice will include the reason(s) for the determination and information about how you can appeal the decision. If you have any questions about this process, please call the Clever Care Customer Service department at 833-388-8168 TTY 711. Hours of operations are from 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

<table>
<tr><th colspan="6">Subscriber and Plan Information</th></tr>
<tr><td colspan="2">Subscriber Name:</td><td colspan="2">ID#(if known):</td><td colspan="2">Social Security</td></tr>
<tr><td colspan="2">Address:</td><td colspan="2">City:</td><td>State:</td><td>Zip:</td></tr>
<tr><td colspan="2">Type of Current Plan (if known):
HMO SNP</td><td>Effective Date:</td><td>Home Phone:</td><td colspan="2">Email:</td></tr>
<tr><td colspan="2">Prior Insurance:</td><td colspan="4">Prior Medical Group/IPA or Termed Provider:</td></tr>
<tr><th colspan="6">Patient, Physician and Treatment Information</th></tr>
<tr><td>Patient Name:</td><td colspan="2">Relation to Subscriber:</td><td>Date of Birth:</td><td colspan="2">Phone (if different):</td></tr>
<tr><td colspan="6">Address (if different than Subscriber):</td></tr>
<tr><td colspan="2">Current Treating Physician or Provider:</td><td colspan="2">Treating Physician/Provider Phone:</td><td colspan="2">Specialty of Physician:</td></tr>
<tr><td colspan="2">How long has physician/provider been treating Patient:</td><td colspan="2">Expected Date of Delivery (if applicable):</td><td colspan="2">Hospital (if applicable):</td></tr>
<tr><td colspan="6">New Primary Care Physician or Medical Group/IPA (selected from Clever Care Provider List):</td></tr>
<tr><td colspan="6">Nature of Illness/Comments (Describe condition being treated. Include diagnosis, expected treatment duration and dates of surgery if scheduled.) Please use a separate sheet for additional comments.</td></tr>
<tr><td colspan="6"><u>Clever Care Use</u>
Duration: This authorization shall become effective immediately and shall remain in effect until (date):</td></tr>
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