



PRINT FORM

CLEAR FORM

Transition of Care Form

We're here to help! Our transition of care team will work with you and your providers so you can access necessary services while you are a new member. These services include surgeries, prescriptions, and doctor's appointments that may not be covered by your new plan.

Fill out this form and send it back to NHP by email, mail, or fax. Someone will get back to you to help you make a smooth transition to your new plan. If you have questions, call the transition of care team at 866-643-8392.

First & Last Name _____

Phone number _____ Email address _____

What's the best way to reach you during business hours? Email Telephone

What service do you need to transition?

- Prescription for _____
- Surgery for _____
- Prior authorization for _____
- Other _____

Your Providers Name _____ Phone number _____

There are three ways to return this form

Email:

[EMAIL FORM](#)

Mail:

399 Revolution Drive, Suite 820
Somerville MA 02145

Fax:

617-586-1799