



Healthy Horizons™

<P.O. Box 15261>

<Tampa, FL 33684-9129>

<Date>

<Member Name>

<Member Address>

<City, State, Zip>

### Request for Continuity of Care Form

Certain medical conditions may qualify you to continue receiving treatment from your [doctor or hospital] after they are no longer in the Humana Healthy Horizons network. You could be covered by Humana at the same level of in-network benefits for up to [90 days] after your [doctor or hospital] changed. This form is provided to assist you in your request for Continuity of Care (COC).

**Complete and submit this form within [21 days]** to initiate a review of your medical condition to determine if you qualify for COC.

**Check below all that apply to you:**

Home healthcare services  Durable medical equipment  Medical treatment (such as chemotherapy, dialysis, hospitalization, etc.)  Pregnant  Prescription Medications

**Diagnosis/Condition:**

Diabetes  Lupus  Multiple Sclerosis  Myasthenia Gravis  Cystic Fibrosis  Hemophilia  
 Cancer  Dermatomyositis  Congestive Heart Failure  Asthma  Coronary Artery Disease   
Amyotrophic Lateral Sclerosis (ALS)  Kidney Disease  Other –

Explain: \_\_\_\_\_

**Member information:**

<b>Patient name (First/Middle/Last):</b>		<b>H ID#</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home phone: (    )</b>		<b>Work phone: (    )</b>
<b>Birthdate (MM/DD/YY):</b>		
<b>Doctor(s), hospital or other provider that you would like to continue seeing:</b>		
<b>Name:</b>	<b>Name:</b>	
<b>Phone number:</b>	<b>Phone Number:</b>	
<b>Name:</b>	<b>Name:</b>	
<b>Phone number:</b>	<b>Phone number:</b>	

**Complete and mail form to:**

[Humana Inc.]

[P.O. Box 15261]

[Tampa, FL 33684-9129]

**Or fax this form to the following:**

[1-855-228-3702]

**ENGLISH:** This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

**SPANISH:** Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

**CREOLE:** Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

**FRENCH:** Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

**ITALIAN:** Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

**RUSSIAN:** Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

## Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

## Important!

**At Humana, it is important you are treated fairly.**

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
**Discrimination Grievances**, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **800-477-6931** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the  
**U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-formpackage.pdf>**.

**Auxiliary aids and services, free of charge, are available to you.**

**800-477-6931 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.**

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

**Español: (Spanish)** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

**Kreyòl Ayisyen: (French Creole)** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **800-477-6931 (TTY: 711)**.

**Tiếng Việt: (Vietnamese)** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-477-6931 (TTY: 711)**.