

Continue your care with Humana Healthy Horizons®

Children and adults with unique care needs—like going through a surgery or receiving home healthcare—need to continue to receive some services under their new plan.

Humana Healthy Horizons can work with you to help handle your care needs and gather local resources. We have a team of nurses, social workers and others who will work with you one-on-one.

Please fill out this form to help us know what is best for you. Send it back to us in the prepaid envelope included.

Please check the box or boxes that apply to you or someone in your family

- | | |
|---|---|
| ☐ Surgery or hospital visits you have planned after signing up | ☐ Current medical treatment |
| ☐ Home healthcare help you already get | ☐ Pregnancy due date: (MM/DD/YYYY) _____ |
| ☐ Physical health equipment you are already using | ☐ Other conditions: _____ |
| (This does not include pharmacy-related services like medications or prescriptions.) | |

Member information

Full name of member signing up (First/Middle/Last)

Date of birth
(MM/DD/YYYY)

Address

[R1 Proof]

City

State

ZIP

Home phone
()

Work or cell phone
()

Effective date of enrollment (MM/DD/YYYY)

ID number of member signing up (from ID card)

Name and phone number of primary care provider

Name and phone number of provider treating person signing up

Anything else you'd like to add?

Would you like someone from our
care coordination team to contact you?

- ☐ Yes
☐ No

Preferred language

Preferred day and time to be reached