Continue your care with Humana Healthy Horizons®

We want to ensure a smooth transition to your new Humana plan. It is important to continue receiving medically necessary services. Humana 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.

Fill out this form and return it right away to help us know what treatment and care is needed during the first 90 days of your new plan. Please use the enclosed postage-paid envelope to return your completed form to **Humana Healthy Horizons, PO Box 14225, Lexington, KY 40512-9995.**

Please check the box or boxes for the care that you will need to continue

- ☐ Surgery or hospital visits you have planned after signing up
- ☐ Home health care help you already get
- ☐ Physical health equipment you are already using
- ☐ Current medical treatment
- ☐ Pregnancy due date: (MM/DD/YYYY) _____
- ☐ 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		
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