

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 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

- | | |
|---|---|
| <input type="checkbox"/> Surgery or hospital visits you have planned after signing up | <input type="checkbox"/> Current medical treatment |
| <input type="checkbox"/> Home healthcare help you already get | <input type="checkbox"/> Pregnancy due date: (MM/DD/YYYY) _____ |
| <input type="checkbox"/> Physical health equipment you are already using | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Preferred language | | Preferred day and time to be reached | |