

Continuation of Care Request Form

Date:	Form completed by:	Phone #:
REASON FOR REQUEST (This is not a request for pre-authorization, pre-authorization may be required)		
Please check one: ☐ Member newly enrolled with Independence Administrators ☐ Provider no longer participates with the Independence Administrators network (<i>must not have been termed for Cause by the Plan</i>)		
MEMBER INFORMATION		
Member ID #:	Effective date of coverage:	
Previous insurance carrier:	Was the provider participating?	
Covered Person name:	Plan type:	
Patient name:	Date of birth:	
Street address:	City, state, ZIP:	
Home phone #:		
DOCTOR INFORMATION		
Doctor name:	NPI or TIN:	
Street address:	City, state, ZIP:	
Office phone #:	Specialty:	
Office contact person:		
Diagnosis/condition being treated (include the appropriate ICD code set):		
CPT® code(s) for service or procedure being requested, and date of service: _____		
How long is the treatment expected to continue? _____ Years _____ Months		
How many visits are being requested? _____ Visit(s)		
How often is the patient being seen? _____ Weekly/Monthly/Quarterly		
When is the patient's next appointment? _____		
For maternity requests, what is the: Estimated date of delivery? _____		
Facility for delivery (if applicable) _____		
PLEASE SUBMIT LAST OFFICE VISIT NOTE AND ANY RELEVANT CLINICAL DOCUMENTATION.		

Please fax this form to **215-784-0672** or mail to:

Independence Administrators
Clinical Services Precertification Department – Continuation of Care
1900 Market Street, 4th Floor
Philadelphia, PA 19103

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-864-4352 (TTY: 711) or speak to your provider.

العربية: انتباه: إذا كنت تتحدث العربية، فيمكنك الحصول على مساعدة لغوية مجانية. كما تتوفر الوسائل والخدمات المساعدة والمناسبة مجاناً لضمان وصول المعلومات إليك بصيغ ميسرة ومناسبة. يُرجى الاتصال على الرقم 1-844-864-4352 (TTY: 711) أو يمكنك التحدث مع مقدم الرعاية الخاص بك.

বাংলা: দৃষ্টি আকর্ষণ: যদি আপনি বাংলাভাষী হন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। অ্যাক্সেসিবল ফরম্যাটে তথ্য প্রদান করার জন্য উপযুক্ত সহায়ক উপকরণ ও পরিষেবা বিনামূল্যে উপলব্ধ। 1-844-864-4352 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সঙ্গে যোগাযোগ করুন।

普通话: 注意: 如果您说普通话, 我们将为您免费提供语言协助服务。我们还免费提供适当的辅助工具和服务, 确保以无障碍格式传递信息。请致电 1-844-864-4352 (TTY: 711) 或咨询服务提供者。

فارسی: توجه: اگر به فارسی صحبت می‌کنید، خدمات رایگان زبان در دسترس شما است. کمک‌ها و خدمات جانبی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان موجود است. با شماره 1-844-864-4352 (TTY: 711) تماس بگیرید یا با ارائه‌کننده‌تان صحبت کنید.

Français: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-864-4352 (TTY: 711) ou parlez-en à votre fournisseur.

Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans pou lang ki disponib pou ou. Gen ed ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele nan 1-844-864-4352 (TTY: 711) oswa pale ak founisè w la.

ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારી માટે મફત ભાષા સહાયતા સેવા ઉપલબ્ધ છે. સુલભ સ્વરૂપમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-844-864-4352 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતાનો સંપર્ક કરો.

Lus Hmoob: TSEEM CEEB: Yog hais tias koj hais Lus Hmoob, yuav muaj kev pab txhais lus dawb rau koj. Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam tsim nyog los muab cov ntaub ntawv hauv cov qauv siv tau yam tsis tau them nyiaj. Hu rau 1-844-864-4352 (TTY: 711) los sis tham nrog koj tus kws muab kev pab cuam.

Italiano: ATTENZIONE: Se parli Italiano, puoi trovare disponibili servizi gratuiti di assistenza linguistica. Gratuitamente, sono inoltre disponibili ausili e servizi di supporto adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-844-864-4352 (TTY: 711) oppure rivolgiti al tuo fornitore.

日本語: 注意: 日本語話者の方には、無料の言語支援サービスをご提供しています。アクセシビリティ情報を提供するための適切な補助やサービスも無料でご利用いただけます。1-844-864-4352 (TTY: 711) にお電話くださるか、または、プロバイダーにお問い合わせください。

ကညီကျိာ် ဟ်သ့ဟ်သးတက့ၢ်- နမ့ၢ်စးကတိၤ [ကညီကျိာ်]န့ၢ်, တၢ်မၤစၢၤဘၣ်ဃးဒီး ကျိာ်တၢ်ကတိၤ အတၢ်မၤလၢ ဘူးလဲကလိန့ၢ် နဒီးန့ၢ်အိၤသ့လီၤ. ပီးလီၤမၤစၢၤ ပုၤက့ၢ်ဂီၤတဆူၢ်တကျါတဖၣ်ဒီး တၢ်တိၤမၤစၢၤအတၢ်မၤတဖၣ်လၢအကြးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤန့ၢ် တဒီးန့ၢ်အိၤသ့လၢ က့ၢ်ဂီၤလၢတဒီးန့ၢ်အိၤညီ လၢအဘူးအလဲကလိစ့ၢ်ကိးန့ၢ်လီၤ. ကိး 1-844-864-4352 (TTY: 711) မ့တမ့ၢ် ကတိၤတဒီး နပုၤဟ့ၣ်မၤစၢၤတၢ်တက့ၢ်.

한국어: 주의: 한국어를 구사하시는 경우 무료 언어 보조 서비스를 이용할 수 있습니다. 접근성 높은 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스 역시 무료로 이용 가능합니다. 1-844-864-4352 (TTY: 711) 에 전화하시거나 서비스 제공업체에 문의하세요.

Diné bizaad: BAA'ÁKONÍNÍZIN: Diné bizaad bee yáníłti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í ná hóló. T'áadoole'é binahjì' bee adahodooníłí diné bich'í' anídahazt'í'í bee bika'anída'awo'í beego bee baa dahane'í baa dahwiizt'í'go hadadilyaaígíí ałdó' t'áá jiik'eh hóló. Kohjì' 1-844-864-4352 (TTY: 711) hodíłilnih doodago níka'análawo'í bich'í' hanidzihi.

Anishinaabemoyan: WAABANDAN O'OW: Giishpin Anishinaabemoyan, gidaa-wiidookaagoo wenipazh jiniisidotaagoziyan giishpin nandawendaman. Anooj gegoon dash gidaa-wiidookaagoo jiniisidawendaagoziyan wenipazh gaye. Aabajitoon o'ow asigibii'igan 1-844-864-4352 (TTY: 711) gemaa dash gaganoozh mino-ayaawin waadookaaged.

Polski: UWAGA: Jeśli jesteś osobą polskojęzyczną, pamiętaj, że oferujemy bezpłatne usługi pomocy językowej. Bezpłatnie dostępne są również odpowiednie materiały pomocnicze i usługi informacyjne w przystępnych formatach. Zadzwoń na numer 1-844-864-4352 (TTY: 711) lub porozmawiaj z dostawcą usług.

Português: ATENÇÃO: se você fala português, há serviços gratuitos de assistência linguística disponíveis. Também são disponibilizados gratuitamente para suporte e serviços auxiliares apropriados para o fornecimento de informações. Ligue para 1-844-864-4352 (TTY: 711) ou entre em contato com seu prestador.

Русский: Внимание! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Также бесплатно предоставляются соответствующие вспомогательные услуги по предоставлению информации в доступных форматах. Звоните по телефону 1-844-864-4352 (TTY: 711) или обратитесь к своему провайдеру.

Soomali: FIIRO GAAR AH: Haddii aad ku hadashid Soomaali, adeegyada caawinta luuqada ayaa lagu heli karaa. Caawinada maqalka ku haboon iyo adeegyo lagu bixinayo warbixinta qaababka lagu heli karo ayaa sidoo kale lagu heli karaa si bilaash ah. Ka soo wac 1-844-864-4352 (TTY:711) ama la hadal bixiyahaaga.

Español: ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles. También hay ayudas y servicios auxiliares disponibles y sin cargo en formatos accesibles para brindarle información. Llame al 1-844-864-4352 (TTY: 711) o hable con su prestador.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo ang mga libreng serbisyo sa tulong sa wika. Available din ang naaangkop na mga auxiliary aid at serbisyo para magbigay ng impormasyon sa mga naa-access na format nang walang bayad. Tumawag sa 1-844-864-4352 (TTY:711) o makipag-usap sa iyong provider.

Tiếng Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng có thể nhận được các công cụ và dịch vụ hỗ trợ khác để giúp tiếp cận thông tin dễ dàng hơn, hoàn toàn miễn phí. Vui lòng gọi 1-844-864-4352 (TTY: 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn để được hỗ trợ.

Discrimination Is Against the Law

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: our Civil Rights Coordinator, in person or by mail:

ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103, by phone: 1-844-864-4352 (TTY: 711), by fax: 215-761-0920, or by email: **IACivilRightsCoordinator@ibxtpa.com**.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **www.ibxtpa.com**.