

Continuity of Care Form



Continuity of care helps ensure patients in the middle of a treatment or course of care do not experience a disruption if their provider is no longer in St. Luke's Health Plan network.

Use this form to apply for in-network benefits with your existing provider through your completion of the care (not to exceed 90 days), or until you are transferred to another in-network provider or care is no longer required, whichever occurs first. If you are receiving maternity care and you are in the second or third trimester when your treating provider leaves the network, you may elect to be treated as a continuing care patient through the first postpartum visit.

Continuity of care protections do not apply if the provider is terminated from the network due to failure to meet applicable quality standards or for fraud.

Plan Name		
Subscriber		
Contact Phone # (required)	Contact Email Address	
Patient Name		
Member ID	Date of Birth	
Contact Phone # (required)	Contact Email Address	
Current Provider	Provider TIN	
Provider Contact Phone #		
Please describe your ongoing health condition or needs <i>(Please attach additional pages to this completed form if needed.)</i>		
Surgery	Type of Planned Surgery	
Facility Name	Surgery Date	
Pregnancy	Place of Delivery	Due Date
Other	Name of Facility Provider	Scheduled Date

Send completed forms to St. Luke's Health Plan via mail or email:

Mail: St. Luke's Health Plan, 800 Park Blvd. Boise, ID 83712

Email: customerservice@slhealthplan.org