

### Provider Request for Transfer

Memo to: \_\_\_\_\_

From: \_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Address, Phone

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

I am proposing the transfer of the member identified in this letter. The request for transfer is substantiated by the information explained below.

I am aware that processing and evaluating the request entails a minimum of ten (10) working days from the date of receipt of a completed written request, which requires supporting documentation. Until the effective date of transfer, the member's care remains the responsibility of the assigned Primary Care Physician/Health Center.

Member's Name \_\_\_\_\_

ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Effective Date \_\_\_\_\_

Phone \_\_\_\_\_

1. Justification for the proposal to transfer this member is as follows: (Cite specifics as to frequency and type of demonstrated abusive or disruptive behavior. Include detail and sequence of events.)

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2. Mental status of member.

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3. Functional status of member.

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4. Diagnosis and medical summary of member's condition.

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5. Social support systems available to member.

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6. Summary of efforts to resolve problem: (Cite history of prior attempts to resolve to resolve the problem. Attach dated documentation of these attempts. Names of witnesses will be helpful.

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7. Other options offered to member prior to consideration of transfer.

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8. Attach separate statement(s) from primary provider describing his/her experience with the member.