

Columbia University
APPLICATION FOR TRANSITION OF CARE
For Oxford to UnitedHealthcare

UnitedHealthcare
P.O. Box 30562
Salt Lake City, UT, 84130-0562

Employee/Applicant:

Transition of care is a service which enables UnitedHealthcare new enrollees to receive time-limited care for non-network physicians at the benefit level associated with UnitedHealthcare participating network physicians. You are eligible for Transition of Care benefits if you have coverage with Oxford for 2007 and will be enrolled in Columbia University's UnitedHealthcare Choice Plus Plan for 2008.

THE APPLICATION PROCESS		
1. Complete the information requested below. Be sure to sign and date the form.		
2. Complete a separate form for each individual patient's physician you are requesting in-network coverage for in 2008.		
3. Mail the completed application to the address on the top of this application no later than to January 31, 2008 . If you submit this application after this date, you will not be eligible for Transition of Care.		
TO BE COMPLETED BY APPLICANT		
Employee Name	Social Security Number	
Address	City	State/Zip Code
Home Phone Number	Other Phone Number	
Employer Name: Columbia University		Plan Effective Date: 01/01/08 #712790
Patient Name		Patient's Date of Birth
Patient's Relationship to Employee (i.e., spouse, dependent, self)		
Are you currently covered by: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Are you currently covered by other insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which company?	
Physician Name:		Physician Phone Number:
Physician Street Address:	City:	State, Zip Code:
<p>Authorization:</p> <p>I confirm I am (and/or the above named patient is) currently enrolled in the Columbia University Oxford Plan and receive treatment with the above named physician. I authorize all physicians and other health care professionals or institutions to provide UnitedHealthcare with information concerning medical care, advice, treatment, or supplies for the patient named above to determine benefits accordingly.</p>		
<hr style="border: 0; border-top: 1px solid black;"/> Patient's Signature / Parent or Guardian's Signature if Applicant is a Minor		<hr style="border: 0; border-top: 1px solid black;"/> Date