

Comments (additional information you feel may help us in evaluating your request)

Member Signature

Date

Fill out if the Member did not complete this form.

Name of Requestor:

Relation to Member:

Requestor's Signature:

Requestor's Phone:

Return by mail to: Continuity of Care Request
Attn: Director of Utilization Management
445 Grant Avenue
San Francisco, CA 94108

Or by Fax: 415-398-3669

For assistance completing this form, call Member Services at 1-888-775-7888