



Transition Coverage Request

Personal & Confidential

For all BP members, if the coverage requested is not approved, care by the non-participating provider after the plan's effective date either will not be covered or will be covered at the nonpreferred rate, if such a rate is available under the member's benefit plan.

All BP Members must be submitted this form to Aetna Life Insurance Company (Aetna) Patient Management Unit at the address or fax number below:

Patient Management Unit
4400 NW Loop 410, Suite 400
Mail Stop F781
San Antonio, TX 78229
Or fax to: 210-515-2019

Employee Instructions

1. Please complete Sections 1, 2, and 3.
2. Read the authorization, sign and date this part of the form. If the patient is age 17 or older, he or she must also sign and date this form.
3. Give the form to the patient's Non-Participating Treating Physician, who will complete Section 4 and send the completed form to Aetna.
4. Contact Member Services at 866-436-2606 if you have any questions.

1. Employer Information	Employer's Name (Please print) BP Corporation North America, Inc. (BP)	Plan Effective Date (Required)	
2. Employee/Patient Information	Employee's Name (Please print)	Social Security Number	
	Employee's Address (Please print)		
	Patient's Name (Please print)	Birthdate (MM/DD/YYYY)	Telephone Number
	Name of Non-Participating Treating Physician or DME Provider (Please print)		Telephone Number
3. Authorization	I am requesting coverage for continuing care or Durable Medical Equipment (DME) by the provider named above for a condition for which treatment began prior to the Plan effective date or prior to termination of the provider. If approved, I understand that the coverage for continuing care or equipment rental specified below will be covered for a limited period. Further, I authorize the Physician or Durable Medical Equipment (DME) Provider named above to provide medical information or records to the Plan as required to make a coverage determination.		
	Patient's Signature (Required if Patient is 17 or Older)	Date	
	Parent's Signature (Required if Patient is 16 or Younger)	Date	
4. Physician Information	The above named patient is a member in an Aetna Plan or will become a member in an Aetna Plan as of the Plan effective date. Although you are not or soon will not be a participating provider in the Plan network, the patient has requested that we cover care provided by you for a specified period of time because of a condition requiring an active course of treatment, or a pregnancy that began prior to the Plan effective date or effective date of termination. An active course of treatment is defined as a planned program of services rendered by a physician or DME provider starting on the date a physician first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment. So that we can evaluate your patient's request, please list the patient's diagnosis below. List all treatment for the condition and the dates rendered, attaching additional sheets if necessary. Also attach a brief statement of the patient's current condition and treatment plan, together with appropriate medical records. For pregnancies, please enter the patient's EDC. In the event this request is approved, you agree that you will not seek payment from the patient for any amounts the patient would not be responsible for if you were a participating provider.		
	Diagnosis	Treatment	Treatment Date(s)
	Name of Non-Participating Treating Physician or DME Provider (Please print)		Telephone Number
	Address of Non-Participating Treating Physician or DME Provider (Please print)		
	Signature of Non-Participating Treating Physician or DME Provider		Date

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Aetna Transition Coverage Questions and Answers

Question: What is transition coverage?

Answer: *When you become a member of an Aetna medical benefit plan or change your current plan, you may have to change specialty physicians if your specialist is not participating in the Aetna network for your plan. In some cases however, for a specified time period, Aetna may cover treatment by non-participating providers for members who are pregnant or undergoing an active course of treatment. In addition, your employer may not provide Durable Medical Equipment (DME) benefits for your group; transition coverage may permit you to continue your coverage for rental of some DME items for a specified period of transition. Purchases of DME will not be honored as transition benefits. If your transition of coverage request is approved, services will be paid at the preferred rate.*

Question: What is an active course of treatment?

Answer: *The term "active course of treatment" means a planned program of defined length for services or supplies for the treatment of a diagnosed condition.*

Question: What are some examples of active courses of treatment that may be approved for transition coverage?

Answer: *Some examples of situations that may qualify for transition coverage include:*

- *Patient is confined in an inpatient facility on the renewal date.*
- *Patient has completed 27 weeks of pregnancy (unless other state mandated transition period applies) and began receiving prenatal care prior to the effective or renewal date.*
- *Patient is in a post operative period.*
- *Patient is receiving outpatient treatment for a mental illness or for substance abuse and has had at least 3 treatment sessions prior to the effective date.*
- *The patient has a chronic or degenerative or disabling disease or condition.*
- *Patient is terminally ill and anticipated to have less than 6 months to live.*
- *The patient is a candidate for, or recipient of, an organ or bone marrow transplant.*
- *The patient is in the process of staged surgery, such as a cleft palate repair.*

Question: What are examples of Durable Medical Equipment?

Answer: *Some examples of Durable Medical Equipment are: wheelchairs, ventilators, oxygen concentrators, apnea monitors, and C-PAP machines.*

Question: How will I know if I have been approved for transition coverage?

Answer: *You will be sent a letter after the review is complete informing you whether or not your request for coverage under these transition of care provisions has been approved.*