Continuity of Care Request Form

NOTE: You may be eligible to continue to see your current provider who is not currently a network provider of Monterey County Behavioral Health. For more information on continuity of care please see the Monterey County Beneficiary Handbook. **Please fill out this form to request continuity of care.** If the person requesting Continuity of Care is not the beneficiary, a Release of Information is required. Monterey County Behavioral Health has 30 days from the receipt of this form to make a final decision about your request.

Part 1:Beneficiary

First and Last Name:	Medi-Cal ID#:	Date of Birth:	Client ID #

Address:	City:	Zip Code:

Phone Number:	Best Time to Call:

Part 2: Out of Network Provider Information – Information About the Provider You Want to Continue to See

First and Last Name of current provider: NPI #

Address:	City:	Zip Code:

Phone Number Fax Number Email

What treatment or service(s) are you currently receiving from this provider?

When was your most recent appointment with this provider?	If you have another appointment scheduled , when is it?

Part 3: Signature

Sign Here ➢ _____ _____

Signature of Beneficiary Date

FOR MCBH QI STAFF USE ONLY

QI will contact provider to confirm an existing relationship with the beneficiary

Existing relationship was confirmed: Yes ☐ No ☐ Date Confirmed:

DIRECTIONS: Please fax this completed form to QI at (831) 755-4307 or mail it to MCBH Quality Improvement Department at 1611 Bunker Hill Wy. Suite 120, Salinas, Ca, 93906. If you have questions about how to complete this form or would like us to assist you, please call the Quality Improvement Department at (831) 755-4545.