APP/PCP Initiated Patient Transfer Request

If a patient or patient legal guardian's behavior is disruptive, unruly, abusive or uncooperative to the extent that it seriously impairs the APP/PCP's ability to furnish services in a professional manner, the APP/PCP may request a transfer of the patient to another APP/PCP. The APP/PCP must first take actions to attempt to resolve the situation.   If the actions are unsuccessful, the APP/PCP may submit a Physician/PCP Initiated Patient Transfer Request to the Health Plan for review by emailing the form to PQIReferral@curanahealth.com.

Requesting a transfer based on the following reasons will not be accepted:
- An adverse change in a member's health status;
- Increased utilization of services medically necessary for treatment of a member's condition;
- Race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information;
- Source of payment, health status or participation in a federal program, such as Medicare.

This list is not all-inclusive. Providers are responsible for complying with all laws, regulations or other standards and policies that may apply.

Member name:	
ID number:	**Date of Birth:**
Health Plan:	
Address:	
City, state ZIP:	
Telephone:	
1. Justification for the request to transfer this patient to another APP/PCP: (Cite specifics as to frequency and type of demonstrated disruptive, unruly, abusive, or uncooperative behavior. Include details and sequence of events.) Please note:	
2. Diagnosis and medical summary of patient's condition:	

Member name:

3. Mental/Functional status of patient:

4. Social support systems available to patient:

5. Summary of efforts to resolve problem:

APP/PCP Name:

Contact Name/Telephone:

Signature of APP/PCP:	Date:

Review Outcome:

Medical Director Name:		
Medical Director Decision – circle one:	Approve	Reject
Rationale for Decision:		

If approved, please transfer records to the new provider listed below:

New APP/PCP	Date of Transition	Patient Notification Date