



Continuity of Care Request Form

Medi-Cal Plan: 1-866-295-4780

Today's date: _____

Form must be completed fully to avoid a processing delay. Please print.

Patient's name (last, first, MI):	Patient's call-back number:	Medi-Cal ID #:
Patient's address (street, city, ZIP):		
Patient's assigned primary care physician:	Patient's date of birth (mm/dd/yyyy):	

You may be able to keep seeing your non-California Health & Wellness (CHW) doctor. We will review your request based on your coverage for Continuity of Care benefits.

Name of physician the patient is requesting to continue services with:		
Physician's address (street, city, ZIP):		
Physician's telephone number: ()		
Next scheduled appointment date:	Reason for appointment:	
Is the requested physician contracted with CHW? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the requested physician contracted with the assigned medical group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient been seen by the physician at least once in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please tell us why the patient wants help with his or her current medical care. Write down the type(s) of service(s) he or she is asking for.</i>		
Patient's signature or the name of the CHW representative taking the request:		
Patient's diagnosis:	Patient's CPT code:	

Patients may ask their doctor to fill in their information. Complete the form and return it to

CHW. Mailing address:
CHW – Coordination of Care Unit
PO Box 10422, Van Nuys, CA 91410-0422

Fax #:
Medi-Cal: 1-866-295-4780

If you have any questions, please call CHW Member Services Department at:
Medi-Cal: 1-844-342-4406 **TTY:** All TTY users call 711

For more information, visit www.cahealthwellness.com.

Cultural, Linguistic, and Disability Access Services

If you need an interpreter, information in a different language or format, or help with disability access, call Member Services at 1-877-658-0305. (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305.) There is no cost to you for these services.

[ENGLISH]

Si usted necesita un intérprete, información en otro idioma o formato, o ayuda con el acceso para personas discapacitadas o un intérprete, llame a Atención al Afiliado, al 1-877-658-0305. Si usa un teléfono de texto (TTY), comuníquese al 711 con los servicios de retransmisión de mensajes de California y brinde el número de Atención al Afiliado: 1-877-658-0305. Estos servicios son gratuitos.

[SPANISH]

如果您需要口译员，需要以不同语言或格式提供的信息，或需要残障通道协助，请致电会员服务部，电话 1-877-658-0305。(针对听语障专线，请拨打 711 联络加州转接服务 California Relay，并提供以下会员服务部号码：1-877-658-0305。) 这些服务均为免费。

[CHINESE]

Nếu quý vị cần thông dịch viên, cần thông tin bằng định dạng hoặc ngôn ngữ khác hoặc cần được trợ giúp tiếp cận cho người khuyết tật, hãy gọi cho Dịch Vụ Thành Viên theo số điện thoại 1-877-658-0305. (Đối với TTY, hãy liên hệ dịch vụ Tiếp Âm của California bằng cách quay số 711 và cung cấp số điện thoại của Dịch Vụ Thành Viên: 1-877-658-0305). Quý vị có thể sử dụng các dịch vụ này miễn phí.

[VIETNAMESE]

Kung kailanagan po ninyo nang isang tao na magpapaliwanag ng wika sa Tagalog or ibang salita, o tulong sa pag-access ng may kapansanan, tawagan ang Member Services sa 1-877-658-0305. (Para sa TTY, makipag-ugnayan sa California Relay sa pamamagitan ng pag-dial sa 711 at ibigay ang numero ng Member Services: 1-877-658-0305.) Wala kayong gagastusin para sa mga serbisyong ito.

[TAGALOG]

통역이 필요하시거나, 어떤 정보를 다른 언어 혹은 형식으로 받아보시고 싶으시거나 장애자 이용과 관련된 도움이 필요하시면 1-877-658-0305 번으로 전화해 주십시오. (TTY 의 경우, 711 번으로 California Relay 에 연락하여 회원서비스부 번호인 1-877-658-0305 번을 말씀해 주십시오.) 이러한 서비스는 무료입니다.

[KOREAN]

Cultural, Linguistic, and Disability Access Services

Եթե ձեզ թարգմանիչ է հարկավոր, տեղեկություններ այլ լեզվով կամ ձևաչափով, կամ հաշմանդամների համար հասանելիության հետ կապված օգնություն, զանգահարեք Անդամների ծառայություններ՝ 1-877-658-0305 հեռախոսահամարով: (TTY-ի համար դիմեք Կալիֆոռնիայի խոսքի փոխանցման ծառայություն՝ զանգահարելով 711 և տրամադրելով Անդամների ծառայությունների հեռախոսահամարը՝ 1-877-658-0305): Այս ծառայություններն անվճար են ձեզ համար:

[ARMENIAN]

صوصمخ یسررسد ایرب کمک تناورد ای ر، گید یاه تمرفا ای نابز هب تااعلاطا، یاهنش مرجئم هب زاین تروص رد أنطل
شماره رد یانفرطالک هول س یسررو با TTY ایرب). دیریگت ماس 1-877-658-0305 ره امش در ضاءع تاخدب خش بان، ولول عم
امش یراب اتمخد نه زک ادھاس 1-877-658-0305. (دیده هب اجزا هب ار ضاءع تاخدب خش ننلا ار همش و هب نکت ماس 711
یا هنوز
ن دارد.

[FARSI]

Если вамт ребуетсяуст ныйпе реводчик,по мощьвсвязи со граниченностьюва ших
возможностей, материалы плана вдру гой формей ли впе реводена ва шязы к,по звоните
внашо тдело бслуживанияпо т елефону1 -877-658-0305.(Если выпо лзуетесь
телефоном TTY, позвоните7 11п ок оммуаторнойлиниишт ата Калифорнияи со общите
номер телефона отделао бслуживания1 -877-658-0305).Э тиу слуги предоставляютя
бесплатно.

[RUSSIAN]

通訳、異なる言語や形式での情報、または障害者向けアクセスのサポートを必要とされる方は、
メンバーサービスまで 1-877-658-0305 にお電話ください (TTY については、711 にダイヤ
ルして California Relay (カリフォルニア・リレー) にご連絡の上、メンバーサービスの電話
番号 1-877-658-0305 をお伝えください)。これらのサービスは無料でご利用いただけます。

[JAPANESE]

قلاح دوجو بببس لؤزئال ف ي دةع هس او، ةنخئل لالكأ ش أو ةنعم ةغئل ائلوعم ی غل لصو حلا بقا حاج او، مخرج لال بقا حاج تنك إذا
ةمخدب، TTY اصل لخل خطا نخ هيسلم) 1-877-658-0305. فتاهل هر ق ل یع ضاءعلا ةمخد م سوب لصائل اج یر، قیعا اول لیك
لصائل ارجی، زعج ةنلل أي الكنه و جئال 1-877-658-0305. (بضاءعلا ةمخد مؤر ب ط م ن مو، 711 ةنئاهل انورفلالك
ب تاخذل هذه لبقا كی غل

[ARABIC]

ਜੇ ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਬਾਸ਼ਿਏ ਦੀ ਲੋੜ ਹੈ, ਜਾਣਕਾਰੀ ਕਿਸੀ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ, ਜਾਂ ਅਪਾਹਜਤਾ ਪਹੁੰਚ ਨਾਲ ਮਦਦ
ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਸੱਦਸ ਸੇਵਾਵਾਂ ਨੂੰ 1-877-658-0305 'ਤੇ ਕਾਲ ਕਰੋ। (TTY ਲਈ, 711 ਡਾਇਲ ਕਰਕੇ ਕੈਲੀਫੋਰਨੀਆ ਰਿਲੇ ਨਾਲ
ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਸੱਦਸ ਸੇਵਾਵਾਂ ਦਾ ਨੰਬਰ ਦਿਓ: 1-877-658-0305)। ਇਨ੍ਹਾਂ ਸੇਵਾਵਾਂ ਲਈ ਤੁਹਾਡੇ ਤੋਂ ਕੋਈ ਕੀਮਤ ਨਹੀਂ ਲਈ
ਜਾਏਗੀ।

[PUNJABI]

Cultural, Linguistic, and Disability Access Services

បើសិនអ្នកត្រូវការអ្នកបកប្រែផ្ទាល់មាត់ ព័ត៌មានជាភាសាផ្សេង ឬ ក្នុងទម្រង់ផ្សេង ឬជំនួយសម្រាប់
លទ្ធភាពប្រើប្រាស់របស់ជនពិការ សូមទាក់ទងសេវាសមាជិក ដែលមានទូរសព្ទលេខ
1-877-658-0305។ (សម្រាប់ TTY សូមទាក់ទងខ្សែទូរសព្ទបញ្ជូនបន្តរដ្ឋកាលីហ្វ័រញ៉ា ដោយហៅទៅលេខ
711 និងផ្តល់លេខសេវាសមាជិក ៖ 1-877-658-0305។)
សេវាទាំងនេះមិនត្រូវបានគិតថ្លៃសម្រាប់លោកអ្នកឡើយ។

[MON KHMER CAMBODIAN]

ຖ້າທ່ານຕ້ອງການຜູ້ແປພາສາ, ຂໍ້ມູນແບ່ງພາສາ ຫຼື ໃນຮູບແບບອື່ນ ຫຼື ຄວາມຊ່ວຍເຫຼືອຕໍ່ຄວາມພິການ, ໃຫ້ໂທຫາ
ສູນບໍລິການສະມາຊິກ (Member Services) ທີ່ໝາຍເລກ 1-877-658-0305. (ສໍາລັບ TTY, ໃຫ້ຕິດຕໍ່ຫາ
California Relay ດ້ວຍການກົດໝາຍເລກ 711 ແລະ ມອບໝາຍເລກສູນບໍລິການສະມາຊິກ: 1-877-658-0305.)
ທ່ານຈະບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍສໍາລັບການບໍລິການເຫຼົ່ານີ້.

[LAOTIAN]

Yog koj xav tau ib tus neeg txhais lus, xov xwm ua lwm yam lus lossis lwm hom haum koj, los
yogko j'xavt auke vp abv imim uajib' qhok evu at sist aus, t' hovh ura u'M emberSe rvices"(Ke v'
Pab rau cov Tswv Cuab rau ntawm 1-877-658-0305. (Yuav siv TTY, tiv tauj rau California
Relay. Ntaus 7 11e smu ab'M emberSe rvices"t usx ovf oojrau la wv: 1-877-658-0305.) Koj tsis
tas yuav them nqi siv cov kev pab no.

[HMONG]

यदि आपको एक दुभाषिये की जरूरत है, जानकारी किसी और भाषा या रूप में चाहिए, या विकलांगता पहुंच में
सहायता चाहिए, तो सदस्य सेवाओं को 1-877-658-0305 पर कॉल करें। (TTY के लिए, 711 डायल करके
कैलीफोर्निया रिले से सम्पर्क करें और सदस्य सेवा नम्बर दें: 1-877-658-0305) इन सेवाओं के लिए आपसे कोई
कीमत नहीं ली जाएगी।

[HINDI]

หากคุณต้องการสำเนา ข้อมูลในภาษาหรือรูปแบบอื่น หรือความช่วยเหลือเกี่ยวกับการเข้าถึงของผู้พิการ
โทรหาฝ่ายบริการสมาชิกได้ที่ 1-877-658-0305 (สำหรับ TTY โปรดติดต่อ California Relay โดยโทรไปที่
711 และแจ้งหมายเลขบริการสมาชิก: 1-877-658-0305) ไม่มีค่าใช้จ่ายสำหรับการบริการเหล่านี้

[THAI]

Shá ata' hodoonih nínízingo dóó díí hane' t'áá shí shizaad k'ehjí bee shíł hodoonih nínízingo doodaii'
łahgo át'éego hadilyaago shá ádoolnííł nínízingo doodaii' shich'í' anáhóót'i'go biniinaa shiká a'doowoł
nínízingo bee atah nílínígíí bich'í' hódíínih kojí' 1-877-658-0305. (TTY bich'í' hólne'go California
Relayqjí' 711 áłtsé hólne' dóó bee atah nílínígíí béésh bee hane'é: 1-877-658-0305.) Díí t'áá jíík'e níká
a'doowoł.

[NAVAJO]

Non-Discrimination Notice

California Health & Wellness complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

California Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact California Health & Wellness Customer Contact Center at: 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

If you believe that California Health & Wellness has failed to provide these services or discriminated in another way, you can file a grievance by calling the number above and telling them you need help filing a grievance; California Health & Wellness Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697) if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Declaración de no discriminación

California Health & Wellness cumple con las leyes de derechos civiles federales vigentes y no discrimina ni excluye a personas ni las trata de forma diferente por motivos de raza, color, nacionalidad, ascendencia, religión, estado civil, identidad de género, orientación sexual, edad, discapacidad o sexo.

California Health & Wellness:

- Brinda asistencia y servicios gratuitos, como intérpretes calificados del lenguaje de señas e información escrita en otros formatos (letra grande, formatos electrónicos accesibles y otros formatos), a personas discapacitadas para que se comuniquen con nosotros de forma eficaz.
- Brinda servicios lingüísticos gratuitos, como intérpretes calificados e información escrita en otros idiomas, a personas cuyo idioma materno no sea el inglés.

Si necesita estos servicios, comuníquese con el Centro de Atención al Cliente de California Health & Wellness al 1-877-658-0305 (Para obtener servicio TTY, comuníquese con el servicio de llamadas California Relay al marcar 711 y proporciónese el número 1-877-658-0305 al personal).

Si considera que California Health & Wellness no le ha brindado estos servicios o que lo ha discriminado de alguna otra forma puede presentar una reclamación por teléfono al número antes mencionado. Al hacerlo, infórmeles que necesita ayuda para presentar una reclamación; el Centro de Atención al Cliente de California Health & Wellness está disponible para ayudarlo.

También puede presentar una queja sobre los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU., a través de Internet, ingresando en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Además, puede hacerlo por correo postal o por teléfono: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697) si tiene una inquietud sobre discriminación por raza, color, nacionalidad, edad, discapacidad o sexo.

Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.