Trillium Medicare Advantage Transition of Care Form



To be completed by agent:												
Agent name												
Health plan name				Health plan start date								
[М	M	D	D	Υ	Υ	Υ	Υ			
New member medical care checklist												
Welcome to Trillium Medicare Advantage! As a new Trillium Medicare Advantage member, we want to mak health care services, medical supplies and/or scheduled care you take a few minutes to answer the questions below so we can hele health plan easy and complete.	u I	nee	d to	feel	you	ır be	st. I	Pleas				
Depending upon your needs, one of our health management tea out if there are any other ways we can help you. Your answers w our plan.												
Your name				Your date of birth								
		М	M	D	D	Υ	Υ	Υ	Υ			
Your Medicare number Your phor	ne 	nun	nber		\neg							
Year address.												
Your address						-						
		_										
 Do you currently rent any durable medical equipment, such as oxygen, or receive any other medical supplies on a monthly ba ☐ Yes ☐ No 			•						or			
2. Are you currently receiving nursing or therapy services? (Such services or therapies, or outpatient therapy, including physica or chemotherapy.)☐ Yes ☐ No								_	ару,			
3. Do you have surgery scheduled in the future or are you still recreent surgery? ☐ Yes ☐ No Date of surgery	eiv	ving	foll	OW-I	up tı	reati	men	t fro	m a			
M M D D Y Y Y							(co	ntin	ued)			

For more information, please contact:

Trillium Medicare Advantage 1800 Millrace Drive Eugene, OR 97403 trilliumadvantage.com 1-844-867-1156 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Trillium Medicare Advantage is contracted with Medicare for an HMO SNP plan, and with the state Medicaid program. Enrollment in Trillium Medicare Advantage depends on contract renewal. FRMO31896EOOO (05/19)