

## Humana Physician-initiated Transfer Request

|  |        |                 |
|--|--------|-----------------|
| Member name(s):  |        |                 |
| ID number:   | Group: | Effective date: |
| Date of birth:   | Age:   |                 |
| Address:   |        |                 |
| City, state ZIP:   |        |                 |
| Telephone:   |        |                 |
| 1. Justification for the proposal to transfer this patient is as follows: (Cite specifics as to frequency and type of demonstrated disruptive, unruly, abusive or uncooperative behavior. Include details and sequence of events.) |        |                 |
| 2. Mental status of patient – behavioral health:   |        |                 |
| 3. Functional status of patient:   |        |                 |
| 4. Diagnosis and medical summary of patient's condition:   |        |                 |

**Note:** Please complete all sections and attach supporting documentation.

|  |
|--|
| 5. Social support systems available to patient:  |
| 6. Summary of efforts to resolve problem:  |
| 7. Other options offered to patient prior to consideration of transfer:  |
| 8. Attach separate statement(s), medical records and other appropriate documentation (e.g., police report, statement from requesting provider describing his/her experience with the patient): |
| PCP/IPA group name (please print):   |
| Center number:   |
| PCP contact name:  |
| PCP contact telephone:   |
| Signature of PCP or IPA/group administrator:   |
| Date:  |