

FAX COVER SHEET
CARE TRANSITION NOTIFICATION

DATE:	
TO:	FROM:
COMPANY CLINIC:	COMPANY:
FAX:	FAX:
PHONE:	PHONE:

MESSAGE

RE:	PATIENT NAME:	DOB:
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As your patient's Care Coordinator, I was notified on that your patient:

- Was hospitalized/admitted to _____ on _____.
- Was returned to their usual care setting/home on _____.

As your patient's Care Coordinator I'm available to:

- Support the member through the transition process
- Encourage follow-up care and assist the provider in coordination of needed services/equipment
- Facilitate communication between the member and the provider
- Address any barriers or gaps in care
- Problem solve to ensure successful discharge and avoid re-admission

Please contact me if you have any questions about this member's care transition. Thank you!

ADDITIONAL COMMENTS:

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