

Clinical Information Case Management Transition Form

Please complete this clinical information form for members who are being managed on an ongoing basis prior to enrolling in the Cigna Case Management and/or Transplant programs.

Employer Name: _____

Payer Name: _____

Cigna's Case Management program accepts referrals for services for complex conditions and specialty case management including oncology, neonatal intensive care (NICU), high-risk maternity or transplant.

Please select the service being transitioned (if you are unsure, select complex):

- Complex Case Management
- High-risk Maternity
- Neonatal Intensive Care (NICU)
- Oncology
- Transplant

(If any transplant-related service has been approved, please attach copy of approval letter if available.)

Patient Information	
Name (first and last)	
SSN if available	
Other ID#	
Date of Birth (DOB)	
Patient Phone Number	

Employee/Subscriber Information	
Name (first and last)	
SSN if available	
Other ID#	
Date of Birth (DOB)	

Provider Information	
Name (first and last)	
Address	
Phone Number	
If the provider is out-of-network, how would you prefer Cigna handle this event?	

Facility	
Name	
Address	
Phone Number	
If the facility is out-of-network, how would you prefer Cigna handle this event?	

Prior Vendor	
Name	
Phone #	
Email contact if available	

Procedure Codes	
Reason for Referral/Case Management Needs	
Please include date range and a copy of all previous approvals	

Dates of Service	
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Special Notations	
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PLEASE EMAIL FORMS TO THE FOLLOWING MAILBOXES FOR EACH SERVICE:

- Transplant Services: TransplantReferrals@Cigna.com
- Case Management: CMPayerSolutions@Cigna.com

