



1277 Deming Way | Madison, Wisconsin 53717

Transition-of-Care Request Form

How it works:

- You must submit the attached transition-of-care form no later than 14 days after your plan's effective date. You may submit prior to your effective date. Forms must be submitted prior to any services being rendered. Dean Health Plan's medical management will review the information supplied and will assess whether your care qualifies for a transition-of-care authorization. Submission of this form does not guarantee authorization approval for services with out-of-network providers.
- You or your dependent will be contacted by a Dean Health Plan representative regarding your transition-of-care request within 7 business days. If you are not contacted within 7 business days, you should contact our Customer Care Center at (877)232-9375.
- If your transition of care is approved, Dean Health Plan will facilitate the initial prior authorization, indicating any limitations or special instructions regarding the request. You will receive a written authorization letter.

