brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT

POST ENROLLMENT CONTINUITY OF CARE FORM

After you have completed the enrollment packet, please ask the member the following questions and do the following: 1. Attach completed Post Enrollment document to the enrollment forms 2. Fax to 1-657-400-1207 with completed enrollment packet.

Member Name:______________________________Phone:_________________
Date:____________

Post Enrollment Questions	
1. Are you currently using durable medical equipment or medical devices? ❑ Yes ❑ No	
1a. If "Yes" Please specify which one of the following:	❑ Bath Chair ❑ Oxygen ❑ Cane ❑ Pressure mattress ❑ Catheters ❑ Toilet seats ❑ Commode ❑ Walker ❑ CPAP machine /Sleep Apnea ❑ Wheel chair ❑ Diapers ❑ Other:____________ ❑ Hospital Bed ❑ Other:____________
1b. If "Yes" Who is servicing the equipment or medical devices?	Name: ______________________________ Phone :______________________________ Address :____________________________
2. Are you receiving active care from a medical specialist?	❑ Yes ❑ No (If Yes, who?) Name: ______________________________ Phone :______________________________ Address :____________________________
3. Are you currently receiving home health services?	❑ Yes ❑ No (If Yes, who?) Company: ____________________________ Phone :______________________________ Address :____________________________
4. Do you have transportation to and from your appointments?	❑ Yes ❑ No If no, Brand New Day will provide transportation. Call 1-866-255-4795.

Additional contact information: caretaker, relative(s) or support person(s)

Name_____________________________________ Phone: _______ Relationship: __________

Name_____________________________________ Phone: _______ Relationship: __________