

## New Member Continuity of Care Form

Aloha! We are pleased to welcome you as a new member and want to ensure your transition to HMAA is as smooth as possible. This form will help ensure your care continues with minimal disruption if you are undergoing treatment, taking medication, or renting medical equipment; or you have surgeries or procedures scheduled.

If the below applies to you or any of your dependents, submit this form along with any **precertifications** or **approval letters** you received from your current or previous health plan. Attach sheets if needed, and keep a copy for your records.

**IMPORTANT: COVERAGE FOR YOUR SURGERY, MEDICATION, OR EQUIPMENT MAY BE DENIED IF THIS FORM IS NOT COMPLETED.**

### Section 1: Member Information

Member's Name (Last, First, Middle Initial)	Date of Birth
Name of Company Enrolling with HMAA	HMAA Effective Date (if known)      Today's Date
Your Phone Number	Your Email Address

### Section 2: Planned Surgeries or Procedures

Complete this section if you or your covered dependents have scheduled or are planning to have any service that requires precertification (health plan approval).

- ATTACH A COPY OF THE APPROVAL LETTER FROM YOUR CURRENT OR PREVIOUS HEALTH PLAN.
- If you have not received approval, please ask your doctor to complete a [Precertification Request Form](#) and send it to our office.

Date of Procedure	Type of Surgery or Procedure	Name of Person Having the Surgery or Procedure	Physician Full Name	Physician Phone #

### Section 3: Medication or Medical Equipment

Complete this section if you or your covered dependents are taking any medication or using medical equipment such as a CPAP machine or oxygen equipment.

Date Prescribed	Medication Name or Type of Medical Equipment	Pharmacy Name & Location (Example: Longs at Windward Mall)	Prescribing Doctor's Full Name	Prescribing Doctor's Phone #

Return this form along with any **precertifications** or **approval letters** from your current or previous health plan.

**HMAA Customer Service, 220 S. King St, Suite 1200, Honolulu, HI 96813**

email [COC@hmaa.com](mailto:COC@hmaa.com) or fax (808) 535-8322

If you have questions, please contact our Customer Service Center Monday through Friday, 8 am to 4 pm HST (except holidays), at (808) 941-4622, toll-free at (888) 941-4622, or [COC@hmaa.com](mailto:COC@hmaa.com). Thank you for your cooperation.