



Dear New Member:

Welcome to Coventry Health Care of Georgia, Inc.! We are glad that you have chosen an Advantra<sup>®</sup> (HMO-POS) Medicare Advantage Plan. We look forward to serving you.

We would like to give you just a few reminders to help you obtain your health care services under your new Advantra (HMO-POS) plan.

Please carry your Advantra (HMO-POS) member ID card with you at all times. Also, we encourage you to carefully read through the materials in your New Member Kit as soon as it arrives. Please call us if you have any questions or would like to have any of the information explained to you. **As a friendly reminder, you should also call us if you need to change your Primary Care Physician (PCP), if you have a change of address, or get a new telephone number.**

As a new Advantra (HMO-POS) member, you may need assistance in receiving services or supplies that you presently use. Let us help you. Please take a few minutes to complete the attached **Transition of Care Form**. Please circle YES or NO for each question and supply any additional information applicable on question 4. Return this completed form to us in the postage-paid envelope provided. This will make it easier for us to assist you with obtaining any medical services or supplies you need. Coventry Health Care of Georgia will not share your information with any outside sources except for medical personnel on a need to know basis.

Your answers will be reviewed by our health care team. Depending upon your health care needs, you may receive a call from a nurse to discuss how we might further help you.

If you need assistance filling out this form, one of our Customer Service representatives will be happy to help you. Call 1-866-613-4977, 8:00 a.m. to 8:00 p.m. Eastern, seven days a week. TTY/TDD users should call 1-866-347-2459.

Again, thank you for joining Advantra (HMO-POS). We are pleased you have chosen us to manage your health care, and we are happy to help you.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Z. Martin".

Nancy Martin  
Vice President, Medicare

A handwritten signature in cursive script that reads "Mark Kishel, M.D.". The signature is written in a fluid, somewhat stylized cursive.

Mark Kishel, M.D.  
Medical Director

Advantra (HMO-POS) is a Coordinated Care plan with a Medicare Advantage contract.

Enclosed: Postage-Paid Envelope

**Transition of Care Form**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_ Medicare Number: \_\_\_\_\_

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1. Do you **currently** have a hospital bed, a wheelchair, or oxygen?

YES NO

2. Are you **currently** receiving home health care, such as physical therapy or nursing care?

YES NO

3. Are you **currently** receiving outpatient therapy such as physical therapy, radiation therapy or chemotherapy?

YES NO

4. Do you have surgery **scheduled**, or have you had surgery (within the past 12 months) and are **still receiving** follow-up treatment?

YES NO

IF YES, DATE OF SURGERY: \_\_\_\_\_

5. Are you a diabetic or have you been diagnosed with Congestive Heart Failure (CHF)?

YES NO

6. Are you **currently** taking any injectable drug?

YES NO

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Thank you for filling out this form. Please use the enclosed postage-paid envelope to return the Transition of Care Form to:

**Coventry Health Care of Georgia, Inc.**  
**Attn: Medicare Department**  
**1100 Circle 75 Parkway, Suite 1400**  
**Atlanta, GA 30339**