

Transition of Coverage Form

Transition of Coverage (TOC) is available when you become a new member of GatorCare.

TOC allows you to continue to see a provider for a specified period at the same level of benefits as before you enrolled in GatorCare, that is at Tier 1:

1. If you are in the second or third trimester of pregnancy
2. For surgical procedures that have already been scheduled for dates of service after January 1, 2022
3. If you are in active treatment for cancer with chemotherapy and/or radiation treatment
4. For transplants that have already been scheduled

Usually TOC lasts 90 days, but this may vary based on the condition.

TOC is considered for hospitals within the Florida Blue Network only when the facility isn't chosen for the highest tier of the plan.

To determine if your situation meets the eligibility criteria, complete, sign and fax the TOC form to (904) 997-5508 or scan and mail to GatorCareCSR@bcbsfl.com.

If you have questions, please contact GatorCareCSR@bcbsfl.com for assistance.

Date:	Name of Group Employer: UF Health Central Florida	Group Effective Date: 1/1/2022
Employee Name Last	First MI	Employee Date of Birth
Employee Address Street	City	State Zip
Patient's Name Last	First MI	Patient's Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Home Phone	Business Phone	Current Insurance Carrier: BCBSSC
In which GatorCare policy have you enrolled <input type="checkbox"/> Premium Plus <input type="checkbox"/> Healthy Rewards High Deductible (HSA)		
Scheduled Surgery	Pregnancy (second or third trimester)	Other Serious Medical Conditions
Hospital/Surgical Facility:	Expected Delivery Date:	Diagnosis:
Procedure:	Hospital:	Physician Managing Care:
Diagnosis:	Name of Obstetrician:	Physician's Phone Number: () -
Name of Surgeon:	Obstetrician's Phone Number: () -	Date of First Office Visit:
Surgeon's Phone Number: () -	Date of First Office Visit:	Date of Most Recent Office Visit:
Date of Scheduled Procedure:	Date of Most Recent Office Visit:	Medication/Procedure:

Authorization To Obtain Information

Patient Name

Patient Date of Birth

Subscriber Name

I hereby authorize physician(s), hospital(s), other healthcare providers, health care agencies, health maintenance organizations, and/or insurance companies possessing medical information concerning the patient indicated above to release to Blue Cross and Blue Shield of Florida, Inc. any and all medical information regarding the above-referenced individual. This authorization specifically includes, without limitation, the release of past, present or future: HIV test results, alcohol and drug abuse treatment, psychological /psychiatric testing and evaluation information, and any other information regarding medical diagnosis, treatments and/or conditions. This authorization expires six months from the date of this release unless otherwise indicated or revoked earlier.

Signature of Patient or Patient's Legal Representative

Relationship to Patient

Date Signed

This information will be used to determine eligibility for Transition of Coverage. Data collected is protected in accordance with GatorCare/BCBSF privacy and confidentiality policies and federal and state regulations.