



**LANDMARK HEALTHPLAN OF CALIFORNIA, INC.
MEMBER REQUEST FOR CONTINUITY OF CARE**

If you are a new Landmark member who just became eligible for benefits and are currently receiving care from a non-participating provider, please use this form to request continuing care. Landmark will review your request and determine if benefits will be available to temporarily continue treatment with your non-participating provider.

Today's Date: _____

Member Name: _____

Member ID #: _____

Address: _____
Street Address City Zip Code

Daytime Telephone Number: (____) _____ - _____

Name of your Employer: _____

Employer Group #: _____

Practitioner Name: _____

Type of Practitioner: Chiropractor Acupuncturist

Address: _____
Street Address City Zip Code

Telephone Number: (____) _____ - _____

When did you start treatment with this practitioner? _____

What condition (s) are you seeing this practitioner for? _____

When was your last visit? _____

How often do you see this practitioner? _____

If you have questions concerning continuity of care or this form, please contact Landmark's Customer Service Department at 800 298 4875. Thank you.