

# Facility Initiated Transfer

Facility ID #	
Facility Name	
Phone number	

As a contracted facility, you may not request an enrollee transfer when an enrollee has filed a grievance with DeltaCare USA. A provider also may not discriminate against enrollees and request their transfer on the basis of their Plan benefit program and/or copayment schedule, need for treatment, or race, gender, national origin, ethnicity, age, etc.

It is the provider's responsibility to complete any treatment in progress and provide emergency treatment until the transfer is effective.

The contracted facility who initiates the transfer is responsible for providing copies of the enrollee's treatment records on a no-cost basis upon request by the enrollee, the new assigned facility or DeltaCare USA.

**On behalf of the above-named facility, I am requesting the transfer of the following enrollee(s):**

Enrollee Last Name	Enrollee First Name	Date of Birth (xx/xx/xxxx)	Primary Enrollee ID	Reason Code (see list below)

### Reason Codes

1. Did not follow recommended treatment plan.
2. Had two or more failed appointments without a 24-hour notice.
3. Failed specialty care referral (please provide explanation below).
4. Refused to follow office policy.
5. Unable to establish good doctor-patient relationship.

Additional comments/explanation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Send completed form and supporting information by email to **Enrollment-ER@delta.org** or by fax to **770-641-5253**.