



Hello,

My name is Sandy Tomsic and I would like to take a moment of your time to tell you about our Connect Program. The Connect Program, caters to complex and medically fragile children, youths, and adults and provides a level of customer service that these patients need and deserve. Typically, with this patient population, due to the complexity of their conditions, they inevitably utilize multiple product categories which typically results in multiple DME providers. This causes the family to have to track multiple reorder dates and contact each individual provider throughout the month. This is a huge burden for an already overwhelmed family.

We strive to act as a one stop shop for the family.

- Urology supplies
- Ostomy supplies
- Nebulizers
- Oral nutrition
- Enteral nutrition
- Wound care
- Incontinence supplies

(ALL ORDER FORMS CAN BE FOUND AT [www.chcsolutions.com/connectorders](http://www.chcsolutions.com/connectorders)).

Each family receives a dedicated product coordinator which means they have one point of customer service contact for their supply needs.

Their product coordinator will track reorder dates and proactively reach out to them prior to the reorder date to ensure there is no lapse in service.

In the event, that the patient is utilizing a product that we cannot provide we will help place the order through a partner DME company and we will continue to track those reorder dates for the family.

I have an Ordering Binder, that I would love to sit down and show you can streamline your patient's supply needs. Please feel free to reach out to me with any questions, [stomsic@chcsolutions.com](mailto:stomsic@chcsolutions.com) or by phone at 614-205-8526.

Best Regards,

Sandy Tomsic  
Corporate Account Manager  
Cell: 614-205-8526  
[www.chcsolutions.com](http://www.chcsolutions.com)

AARP PA	Champ VA	Keystone Health Plan East	U.S. Department of Labor Workers Compensation
Advantra/Coventry/ Aetna	Cigna HealthSpring PA	Medical Mutual/Super Med/Medical Mutual Medicare	U.S. Department of Labor Workers Compensation
Aetna	Cingna Linka	Medicare (all regions)	Unicare Health Plan of West Virginia
Aetna Medicare	Coventry/CareLink	Medigold-Mount Carmel	UnitedHealthcare (PA,OH)
Aetna Better Health (PA, OH)	Federal BlueCross BlueShield	Meridain	UnitedHealthcare Community Plan (PA,OH)
AlliWell (PA, OH)	Gateway Assured	Molina Healthcare OH	UnitedHealthcare CHIP PA
AmeriHealth Administrators	Gateway Health Plan	MultiPlan/PHCS	UPMC for Kids
AmeriHealth Caritas PA Community HealthChoices	Health Partners Plans	Ohio Medicaid	UPMC for Life
AmeriHealth Caritas PA Medicaid	Healthspan Healthcare	Ohio PPO Connect	UPMC for Life Dual
AmeriHealth Caritas VIP Care	HealthSmart	Ohio State University Oxford	UPMC for Life Options
AmeriHealth Casualty Insurance	Highmark BlueCross BlueShield WV	PA Health & Wellness	UPMC for You
AmeriHealth PA	Highmark BlueCross BlueShield WV	Pennsylvania Medical Assistance	UPMC Health Plan
Anthem, Blue Cross Blue Shield (commercial, Medicare, Federal)	Homelink	Personal Choice	West Virginia Family Health
BlueCard	Humana (Commercial and Medicare)	Personal Choice 65	West Virginia Medicaid
BrickStreet/West Virginia StreetSelect	Independence Administrators	Philadelphia Corporation for Aging	
Buckeye Community	Independence Blue Cross	Procura	
	Keystone 65	The Health Plan	
	Keystone First	Tricare for Life	
	Keystone First VIP Choice	Tricare West	

Please note we are continually adding to our list of insurance partners. It is possible that we can provide service through one of our TPAs or network providers. In addition, certain plans may have policy and contractual restrictions.



**PHONE: 1.888.248.1975 FAX: 1.888.248.2026**  
**EMAIL: connect@chcsolutions.com**

**TRANSITION FORM**

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Caregiver/Guardian: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell  Home  Other: \_\_\_\_\_

**INSURANCE INFORMATION**

Provider	Member #	Group #
1.		
2.		
3.		

**SUPPLIES TO BE TRANSITIONED**

Supply Category	Current DME Supplier	Last Date of Service	Ordering Physician
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
			Physician Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Patient is aware that we will be reaching out to them to discuss Continuum Connect

**REFERRAL INFORMATION**

Ref #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Preferred Method of Contact?  Phone  Fax  Email  
 Contact Person: \_\_\_\_\_