



# PERSONAL CARE OPTION TRANSFER/CLOSURE FORM

**MAIL OR FAX TO:**  
Personal Care Option  
P.O. Box 27107  
Albuquerque, NM 87125-7107  
Fax: 1-877-480-9369 or  
(505) 816-6629

Date: \_\_\_/\_\_\_/\_\_\_

Consumer Name: \_\_\_\_\_ Consumer SSN: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TRANSFER**  
You are currently receiving Personal Care services through: \_\_\_\_\_. You have indicated that you want to change your Personal Care Agency to: Abarim Home Healthcare Inc. The reason you would like to transfer agencies is because: \_\_\_\_\_

Your current hours/services will not be increased/changed by the new Personal Care Agency unless you provide documentation indicating your medical condition warrants additional hours. The agreed date of the transfer is \_\_\_/\_\_\_/\_\_\_\_. By signing this form, all parties agree the above to be true and agree to this transfer. If someone other than the consumer is initiating the transfer, the Personal Care Agency must have verification on file that the person is the consumer's legal representative. All signatures must be present to validate the transfer.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Consumer/Legal Guardian Signature      Date

Abarim Home Healthcare Inc.      09336389      \_\_\_\_\_      \_\_\_/\_\_\_/\_\_\_  
Receiving Agency Name      Provider Number      Agency Signature      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Originating Agency Name      Provider Number      Agency Signature      Date

**CLOSURE**

Reason \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency Name      Provider Number      Agency Signature      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Consumer/Legal Guardian Signature      Date      Witness      Date

If you have any questions about Personal Care, you may contact the Aging & Long Term Department toll-free at 1-866-451-2901 or (505) 476-4799.

**TO BE FILLED OUT BY THE UTILIZATION REVIEW AGENT ONLY**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Review Date      Effective Date      Expiration Date      Authorization Number      Reviewer Number