health net
Post Office Box 10344
Van Nuys, California 91410-0344

MEDICARE ADVANTAGE TRANSFER / TERMINATION INCIDENT REPORT

First	MI	Health Net Identification #
PPG / IPA Name		PPG / IPA #
Counselor:		Date

INCIDENT REPORT DATES / TYPE

1st INCIDENT DATE	LEVEL	☐ **A**	☐ **B**	☐ **C**
2nd INCIDENT DATE	LEVEL	☐ **A**	☐ **B**	☐ **C**
3rd INCIDENT DATE	LEVEL	☐ **A**	☐ **B**	☐ **C**

DESCRIPTION OF INCIDENTS

DATE OF LETTER TO MEMBER FOLLOWING COUNSELING SESSION	ATTACH COPY OF LETTER, RECOMMEND LETTER BE SENT BY REGISTERD MAIL, RETURN RECEPT REQUEST

DOCUMENTATION OF COUNSELING OF PATIENT REGARDING INCIDENT. (IF COUSELING DOCUMENTED IN THE MEDICAL RECORD BY PHYSICIAN, PA, RNP ATTACH COPY OF DOCUMENTATION)

FOR HEALTH NET USE ONLY

DATE REPORT RECEIVED FROM PMG: * WITNESS REPORT REQUIRED	DATE OF WARNING LETTER TO MEMBER:	COMMENTS: