

Submit information via: • <i>HPHConnect</i> • <i>Nehen</i> • <i>NehenNet</i>		<i>or</i>	Complete all fields below and FAX completed form to: 800-232-0816	
Patient name: Date of birth:		HPHC member ID #:		
Requesting provider:		HPHC provider ID#:		
Person completing form: Telephone #:		ICD-10 diagnosis code:		
Fax #:				
Servicing Provider				
Name: Address:		HPHC provider ID# (<i>if known</i>):		
		TIN:		
		NPI #:		
Participating HPHC provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of visits requested:		
Requested service: <input type="checkbox"/> Office visit <input type="checkbox"/> Consult		Level of service: <input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency		
Start date:		End date:		
<p>Payment is based on member eligibility and benefit limitation at the time the service is rendered, as well as Harvard Pilgrim Health Care provider contractual agreement. All services will be subject to applicable copays, co-insurance, and deductibles.</p> <p>The document accompanying this fax contains information from Harvard Pilgrim Health Care which is confidential and/or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited. If you received this fax in error, please telephone Harvard Pilgrim immediately so that we can arrange retrieval of the original documents at no cost to you. You may call Harvard Pilgrim at 617-509-1000.</p>				