

Referral Form



a Point32Health company

Submit information via *HPHConnect*, NEHEN, NEHENNet **or** complete all fields below and **fax completed form to 617-509-4297**.

Patient name:

HPHC member ID #

Date of birth:

Requesting provider:

HPHC provider ID #

NPI #

Person completing form:

Phone:

Fax:

ICD-10 diagnosis code:

Servicing provider

Provider:

Address:

HPHC provider ID # (*if known*):

TIN #

NPI #

Participating HPHC provider? Yes No

Number of visits requested:

Requested service: Office visit Consult

Level of service: Elective Urgent Emergency

Start date:

End date:

Payment is based on member eligibility and benefit limitations at the time the service is rendered, as well as Harvard Pilgrim Health Care provider contractual agreement. All services be subject to applicable copays, co-insurance, and deductibles.

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