





## Eligibility Confirmation Form

Please fax to (617) 494-5599, Attn: Provider Relations

Name, phone, and fax number of individual requesting information:

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

### Request 1:

1. Member I.D. # followed by confirmation of name and DOB

\_\_\_\_\_

2. Date or date range of service(s)

\_\_\_\_\_

3. Name of rendering provider, practice name and SWH provider ID # or NPI if non-par

\_\_\_\_\_

\_\_\_\_\_

4. Type of service or item requested \_\_\_\_\_

#### **For Senior Whole Health use only**

Member Effective date: \_\_\_\_\_

For authorization:

\_\_\_\_\_ Call Nurse Care Manager: \_\_\_\_\_, ext \_\_\_\_\_

\_\_\_\_\_ Fax in: Authorization Form \_\_\_ or Universal Home Health Form \_\_\_\_\_ **(Clinical Fax: 617-494-5554)**

\_\_\_\_\_ No authorization required

### Request 2:

1. Member I.D. # followed by confirmation of name and DOB

\_\_\_\_\_

2. Date or date range of service(s)

\_\_\_\_\_

3. Name of rendering provider, practice name and SWH provider ID # or NPI if non-par

\_\_\_\_\_

\_\_\_\_\_

4. Type of service or item requested \_\_\_\_\_

**Confidentiality Notice:** This facsimile message, including any attachments, is for the sole use of the intended recipients and contains confidential and/or privileged information. If you are not the intended recipient, please contact the sender by telephone and destroy all copies of the original message. Any unauthorized review, use, disclosure, or distribution is prohibited.



SENIOR WHOLE HEALTH

Simple. Secure. Independent.

**For Senior Whole Health use only**

Member Effective date: \_\_\_\_\_

For authorization:

\_\_\_\_\_ Call Nurse Care Manager: \_\_\_\_\_, ext \_\_\_\_\_

\_\_\_\_\_ Fax in: Authorization Form \_\_\_\_ or Universal Home Health Form \_\_\_\_\_ (Clinical Fax: 617-494-5554)

\_\_\_\_\_ No authorization required

**Confidentiality Notice:** This facsimile message, including any attachments, is for the sole use of the intended recipients and contains confidential and/or privileged information. If you are not the intended recipient, please contact the sender by telephone and destroy all copies of the original message. Any unauthorized review, use, disclosure, or distribution is prohibited.

3/1/10