



Please complete each section to ensure your document is routed to the correct department. One cover sheet is required per claim documentation submitted.

Submitter Information

Today's Date: _____ Pages Including This Cover Sheet: _____
Your Name: _____
Phone Number: _____ Company Fax: _____

Claim Information

Rendering Provider's Name: _____
Rendering Provider NPI #: _____
Group Name and Tax ID #: _____
THP Claim Number (10-Digits): _____
Date of Service: _____ Billed Amount: _____
Member Name: _____ Member Date of Birth (DOB): _____
Member HID #: _____ - _____ (Must Include Suffix)

Document Type Description (Required)

General Medical Records

Table with 2 columns and 7 rows listing document types: ER TREATMENT, OFFICE/CLINICAL NOTES, OPERATIVE REPORT, PHYSICIAN ORDERS, MANUFACTURER'S INVOICE, DENTAL DOCUMENTATION, HEARING AID DOCUMENTATION, IV HOME INFUSION, THERAPY NOTES (PT, OT, ST), X-RAY INTERPRETATION REPORT, LAB REPORTS, OTHER.

Documentation for Care Gap Closure

Table with 2 columns and 7 rows listing documentation types: ADVANCE CARE PLAN DOCUMENTATION, BLOOD PRESSURE READINGS, BMI PERCENTILA AND/OR COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY, CHILD AND ADOLESCENT IMMUNIZATIONS, COLORECTAL CANCER SCREENING (e.g., COLONOSCOPY, FOBT, ETC.), DIABETIC EYE EXAM, FUNCTIONAL STATUS ASSESSMENTS, PAIN ASSESSMENTS, HbA1c RESULTS, CERVICAL CANCER SCREENING DOCUMENTATION OR LAB REPORT, MAMMOGRAM, PRENATALS AND/OR POSTPARTUM VISITS, LAB REPORTS, OTHER.

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