

Sample of Request for Billing Information

We are in receipt of the attached claim form for behavioral health (psychiatric or chemical dependency) services and are advising you that there will be a delay in processing. Please respond to all of the items checked below so we can proceed with the claim.

Provider Information

Provider signature/licensure _____
Tax identification or Social Security number _____
Other _____

Patient and Subscriber Information

Patient's name _____
Patient's date of birth _____
Date of birth (verification needed; documents submitted are in disagreement) _____
Subscriber's name _____
Subscriber' SS# _____
Subscriber's group name _____
PBH policy number _____
Copy of authorization (ALL SERVICES MUST BE PRE-AUTHORIZED THROUGH PBH)

Service Information

Procedure code for all practitioner services _____
Diagnosis code _____
Other _____

Administrative Information

Assignment of Benefits form assigning benefits to the provider _____
Originals only for billing _____
Other _____

If you have any questions regarding this notice, please contact the PBH Provider Helpline at (800)

716-1166.

No action will be taken until receipt of the requested information.

Thank You
PBH Claims Department