Community Service Agency (CSA) Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

This form applies to Tufts Health Plan Commercial and Harvard Pilgrim Health Care Commercial Products.

Please fax the completed form to Tufts Health Plan at 617-673-0302 or to Harvard Pilgrim Health Care at 800-232-0816.

Today's date / / Requested start date / /

Member Information

Please verify eligibility before rendering services.

Member name

Member ID # Date of birth (*mm/dd/yyyy*) / /

Member address

City State ZIP

Phone

Family Information

Parent(s)/guardian(s) name(s)

Parent(s)/guardian(s) phone(s)

Date of first contact with ICC or Family Partner / /

Date of intake / /

CSA Information

CSA name

NPI # Tax ID #

CSA address

City State ZIP

Phone Fax

ICC name

Phone Fax