Peer Recovery Coach Services
Notification Form for In-Network Providers Only

TUFTS Health Plan
a Point32Health company

Completed forms can be faxed to the following locations:

- **Tufts Health Together:** 888-977-0776
- **Tufts Health One Care:** 857-304-6304

Rev. 7/2026

Today's date ___ / ___ / ___ Initial date of service ___ / ___ / ___

Notification required within 14 days of the start of services. Notification allows the provider to use and bill up to six months from the date services are initiated.

Member Information

Member name

THP member ID # DOB ___ / ___ / ___

Member address Member phone

City State ZIP

Provider Information

Organization name Organization phone

NPI # Tax ID #

Provider address

City State ZIP

Peer Recovery Coach name Peer Recovery Coach phone

Supervisor name Supervisor phone

Referred by (name) , who is a:

☐ Medical Provider ☐ Behavioral Health Provider ☐ Care Manager

☐ Other (*Please specify*)

Fax to send authorization to

Clinical Information

1. ICD-10 Alpha Numeric Diagnosis Code
2. *Choose all that apply*:

Admission Criteria

Member:

- ☐ is attempting to gain any amount of sobriety
- ☐ could benefit from education about hard reduction and/or education about recovery and community resources
- ☐ could benefit from support in increasing motivation and readiness to change
- ☐ could benefit from peer support in establishing connections with the recovery community

Exclusion Criteria

Member:

- ☐ is at risk to harm self or others, or sufficient impairment exists to require more intensive level of service beyond community-based intervention;
- ☐ has severe medical conditions or impairments that would prevent beneficial utilization of services; is receiving similar supportive services and does not require this level of care;
- ☐ Member or parent/guardian/caregiver when applicable, does not consent to Peer Recovery Coach Services

Attestation

I attest that we are meeting the performance specifications for this level of care as described by the performance specification in the Peer Recovery Coach Performance Specifications.

Signature Print name Date ___ / ___ / ___