



Physician/Provider Bulletin

Subject: Updated Forms	
Plan: Coordinated Care	Bulletin Date: 4/7/2011
Bulletin Number: 11-002	Effective Date: 4/7/2011

The purpose of this bulletin is to inform all participating providers of updated forms.

Authorization Request Form
Authorization Status Request Form
Request for Claims Review
Claims for Review Status Request Form
Eligibility Status Request Form

These forms can be found using the following links:

<http://www.hcdpbc.org/index.aspx?page=151>

If you have questions regarding this provider bulletin, please contact your
Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.