

Claim Review Form Add Members

Complete all information requested. Incomplete submissions will be returned unprocessed.

[MBHP In-Network Provider Information](#): Click link to find MBHP Provider Manual, Provider Alerts, performance specifications, Benefit Grid, etc.

Member Information

MassHealth ID# <small>12 digits, begins with 100</small>	Member Name	Dates of Service	Authorization #	Claim Number
*By signing herein, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.	<i style="color: red;">Signing will lock/save this document, preventing further edits.</i>			Today's Date