## Member Services Requests – A Guide for Brokers

At Health New England, we value your business and time. The following is a quick reference guide to assist you in submitting requests to Member Services for research. By providing the information listed for each type of request when initiating contact with Member Services, you will help ensure that your request is handled as quickly as possible.

Type of request	Signed PHI* form required?	Provide the following:
Authorization or Prior Approval Status	Yes	• Member name & ID #
		Provider/group name
		Type of service
Benefit Package Confirmation	No	Member name
		Member ID or Social Security #
<b>Claims Information</b> (i.e., denial, bills, appeals, etc.)	Yes	• Member name & ID #
		Date of service
		Provider name
		Member invoice, if available
Enrollment or Disenrollment	No	Member name
Confirmation or Status (i.e., eligibility, effective/termination dates)		
		Member ID or Social Security #
File a Complaint or Appeal	Yes	• Member name & ID #
		• Description of complaint or appeal
		Date of service denied
		• Type of service denied
		Supporting documentation: medical
		records, etc.
Fitness Reimbursement (Status Only)	No	Member name
		Member ID or Social Security #
		Date submitted
General Benefit Information	No	Member name
		Member ID or Social Security #
		• Benefit type

<sup>\*</sup>The Authorization of Personal Representative form allows Health New England to disclose necessary Protected Health Information (PHI). This form can be found at **healthnewengland.org/forms.** 

> Health New England Member Services | (413) 787-4004 or toll-free (800) 310-2835 Our staff is available Monday through Friday, 8:00 a.m. to 6:00 p.m.

