

HEALTH PLAN ELIGIBILITY VERIFICATION

For questions, please call ASH at 800.972.4226

Date _____

For faster eligibility verification please submit through your ASHLink account.

Member Information (Complete before calling ASH)

Your Name _____

Member Name _____

Member Birthdate _____ Member ID# _____

Health plan _____

Employer name _____

Group # _____

Questions to ask ASH Customer Service at 800.972.4226 to verify Member Eligibility:

ASH Customer Service Agent _____

Is the member eligible under this health plan? Yes No

What is the member's effective date? _____

Is primary treating physician (PTP) referral required? Yes No

Is there a deductible? Yes No Amount: \$ _____

What is the co-payment or coinsurance? _____

What is the annual limit (dollar/office visits)? _____

Is this health plan eligible under the Clinical Performance System? Yes No

Notes: _____

Reimbursement for all services other than the New Patient Examination and services under the Clinical Performance System must be approved by ASH. This Eligibility Verification is not a guarantee of payment. Payment is subject to group benefit limits and member eligibility. Member eligibility will be verified again at the time the claim is processed.