Interoperability payer notification to send member data request

A payer uses this form to request Samaritan Health Plans/InterCommunity Health Network Coordinated Care Organization obtain a member's health information. Payer information fields must be completed on this form. SHP/IHN-CCO encourages payers to complete the member and authorized representative information fields on this form to the best of their knowledge/ability. The payer may include separate documentation containing the member and authorized representative information requested.

Payer information (required):

Payer name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employee contact name: _____

Phone: _____ Email: _____

Requester information (required):

Payer is making this request on behalf of: ❑ Member ❑ Member's authorized representative

Member information:

Last name: _____ First name: _____ MI: _____

Date of birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Member's authorized representative information (if applicable):

Last name: _____ First name: _____ MI: _____

Phone: _____ Email: _____

Requester information:

SHP/IHN-CCO require member data be in Fast Healthcare Interoperability Resources format and transmitted via a Secure File Transfer Protocol. After SHP/IHN-CCO confirms the request, SHP/IHN-CCO will coordinate file transmission details.

Please provide the member key that was used within your health plan for this member. If you have the SHP/IHN-CCO member ID, please provide that as well.

Member key: _____

SHP/IHN-CCO member ID: _____

Form submission option:

Email completed form to HealthPlanResponse@samhealth.org.

If you have questions about this form, please call Customer Service at **541-768-4550** or **800-832-4580** (TTY **800-735-2900**), Monday through Friday from 8 a.m. to 8 p.m.