

Harvard Pilgrim Claims Issue Form

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|---|---------------------------|
| Group Name: | Click here to enter text. |
| Member Name: | Click here to enter text. |
| Member HPID#: | Click here to enter text. |
| Provider Name: | Click here to enter text. |
| Date of Service: | Click here to enter text. |
| Claim Number (If Available) | Click here to enter text. |
| Is Member Outreach Required? | Click here to enter text. |
| Member Contact Information: | Click here to enter text. |
| Issue Specifics: | Click here to enter text. |