



## Facility Request Form

Please complete all fields requested below. The Facility Request Form provides HealthEZ with the necessary information to contact facilities on your behalf to explain your health plan and answer any questions they may have. When possible, please submit at least 10 days prior to any planned visits.

Please send your completed form to: [FacilityRequest@HealthEZ.com](mailto:FacilityRequest@HealthEZ.com)

### PATIENT INFORMATION:

Patient's First and Last Name:

Phone Number:

Subscriber ID:

Email:

### PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FACILITY YOU WOULD LIKE HEALTHEZ TO CONTACT:

Facility Name:

Facility Phone Number:

(Contact for billing or patient financial services is preferred)

Facility Street Address:

City:

State:

Type of Care You Will be Receiving:

(surgery, hospital stay, test, etc.)

Date of Appointment:

### IF YOUR DOCTOR HAS ORDERED A PROCEDURE OR TEST AT THIS FACILITY, PLEASE PROVIDE THE REFERRING DOCTOR'S INFORMATION:

Doctor's Name:

Practice Name (if applicable):

Doctor's Phone Number:

Doctor's Street Address:

City:

State: