



PROVIDER EXPLANATION OF PAYMENT (EOP) REQUEST

PROVIDER INFORMATION (please print all information)

All fields in the box immediately below are required information.

*If this is a claim which paid as an Electronic Funds Transfer (EFT) you will need to contact PaySpan for any/all EOP information. PaySpan can be reached at 1-877-331-7154

Provider Name:	Provider Tax ID Number:
Ambetter from NH Healthy Families' Control (Claim) Number:	Date(s) of Service:
Check Number:	Provider NPI Number:

Provider Office Address:

Office Phone Number:

Office Fax Number:

DIRECTIONS: Please fax the Provider EOP Request form to Ambetter from NH Healthy Families' Provider Service Department, ATTN; PROVIDER SERVICES at 1-877-502-7255 or mail completed form to:

Ambetter from NH Healthy Families –
 Provider Services
 2 Executive Park Drive
 Bedford, NH 03110

Important Notice: Ambetter from NH Healthy Families will make reasonable efforts to resolve this request within 15 calendar days of receipt. Incomplete forms will not be accepted and will not be returned.

Questions about how to fill out this form, please call Provider Services Department
 Monday – Friday, 8AM-5PM
 1-844-265-1278