

# PROVIDER ASSISTANCE FORM

If your provider is unsure or unwilling to accept Impact, please fill out the form below and we will reach out to educate them on how Healthcare sharing works. The provider outreach is an educational call only. The call does not guarantee your provider will agree to bill Impact.

Note: If your upcoming appointment is for a procedure or surgery, please call 855-378-6777 instead.

**To ensure that our team can contact your provider, please make sure you have a scheduled appointment that is at least 72 hours after the submission of this form. We cannot conduct provider outreach on behalf of Prospective Members.**

Receive SMS Updates

Member/Patient Name \*

Patient DOB \*

Member Phone Number \*

Membership ID \*

Name of Clinic/Facility In Which Provider Practices \*

Provider Name \*

Please include full practitioner name.

Provider Phone Number \*

Provider Address

Name of Person Spoken To if You Have Contacted Provider (Optional)

Reason for Request \*

For example: My provider does not recognize Impact and is asking for \$100 up front to be seen.

Type of Service Needed \*

For example: my annual checkup, knee surgery, dermatologist visit. Include procedure codes if you have them.

Date of Upcoming Appointment \*

Additional notes and details you would like to provide the team