

General Inquiry Form

Please complete this form with all applicable information for us to best assist you.

One patient/member per form. If you have multiple claims, please feel free to submit below information via a spreadsheet.

You can submit this form via email at CustomerServiceCorrespondence@HealthTradition.com.

General Inquiry Form	
Patient/Member Name:	Patient/Member ID:
Patient/Member DOB:	Account #:
Callback Name:	Callback Phone #:
Relationship to Patient/Member:	Billed Amount:
Date(s) of Service:	Claim/Auth/Referral #:
Clinic and Practitioner:	NPI or TIN:
Question or Concern:	

