



## Community Service Agency (CSA) Form

**Note: This form applies to Tufts Health Plan Commercial Products**

**Please fax the completed form to: 617.673.0302**

Today's date: \_\_\_/\_\_\_/\_\_\_

Requested Start Date: \_\_\_/\_\_\_/\_\_\_

### MEMBER INFORMATION (PLEASE VERIFY ELIGIBILITY BEFORE RENDERING SERVICES)

Member name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Member address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

### FAMILY INFORMATION

Parent(s)/guardian(s) name(s): \_\_\_\_\_

Parent(s)/guardian(s) phone(s): \_\_\_\_\_

Date of first contact with ICC or Family Partner: \_\_\_/\_\_\_/\_\_\_

Date of intake: \_\_\_/\_\_\_/\_\_\_

### CSA INFORMATION

CSA name: \_\_\_\_\_

NPI #: \_\_\_\_\_

CSA address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ICC Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Form available at [tuftshealthplan.com/provider](http://tuftshealthplan.com/provider)**