

## WB Mason Provider Forms Requisition

### INSTRUCTIONS

Use this requisition to order forms via fax or email. Tufts Health Plan referral forms are provided at no charge to Tufts Health Plan providers. CMS-1500 forms are discounted 40 to 50 percent off retail prices. Please keep a copy of this form for your records.

### WB Mason Customer Service Center Contact Information:

Email orders to [tuftshealthplan@wbmason.com](mailto:tuftshealthplan@wbmason.com) or fax orders to 800.773.4488 (Do not fax completed referrals to this number). For questions on orders placed with WB Mason, call 508.436.8532. For questions, call the appropriate Tufts Health Plan Provider Services contact number, available [here](#).

**Note:** The above email link is being provided as a courtesy for the convenience of our providers. Tufts Health Plan does not assume any responsibility for the security and/or transmission integrity of data sent electronically to WB Mason.

Enter "Ship To" information below:

**DO NOT WRITE IN SHADED BOXES – INTERNAL USE ONLY**

10-Digit National Provider ID Number (NPI) _____	Date _____	<b>TUFTS HEALTH PLAN ACCOUNT #</b> MIE800
Ship to practice name _____		
Street address/no. _____	<b>Order #:</b> _____	
City/town _____	State _____	ZIP _____
Requisitioner's Name _____		Requisitioner's Phone # _____
		Requisitioner's Fax # _____
Email address (required in order to receive order acknowledgement from WB Mason) _____		

### TUFTS HEALTH PLAN FORMS AT NO CHARGE

Form Name	Form #	Qty. Pkgs. Ordered	Max. Qty. Pkgs. Allowed	Qty/Pkg	Description
REF-THP	TFT-REFTHP		4	100	Commercial Referral Authorization Form
REF-USFHP	TFT-REFUSFHP		4	100	US Family Health Plan (USFHP) Referral Form
REF-MP	TFT-REFMP		4	100	Tufts Health Plan Medicare Preferred Referral Authorization Form
REF-SCO	TFT-REFSCO		4	100	Tufts Health Plan Senior Care Options

### CMS-1500 FORMS and UB04 FORMS AT DISCOUNTED RATE

CMS Form Name	Form #	# CTNS Ordered	Discounted Price/Carton	Ctn. Qty.	Description	\$Extended Total
CMS1500G	TOP50122RV		\$152.99	3,000	CMS 1-PT. CONTINUOUS FORM	
CMS1500H	TOP50124RV		\$173.96	1,500	CMS 2-PT. NCR CONT. WH/CANARY W/O BARCODE	
CMS150LO	TOP50126RV		\$8.28	500	CMS 8.5 x 11 LASER SHEET	
UB04	TOP59870R		\$169.00	2,500	UB04 1 PT. LASER CUTSHEET (8.5 X 11)	

**Order Total: \$** \_\_\_\_\_

**For email submissions only:** By typing your name on the signature field below, you are signing this electronically which allows WB Mason to process your order on the credit card specified.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:  Master Card  VISA Card

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

Name exactly as it appears on the credit card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_