



## Community Service Agency (CSA) Form

**Note: This form applies to:**

- Tufts Health Together-MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs)
- Tufts Health Direct

**Please fax the completed form to: 888.977.0776**

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)**