



## ProviderConnect Multiple Matching Records Resolution Form

<b>Provider Name:</b>		<b>Provider ID:</b>
<b>Provider Contact:</b>		<b>Phone#:</b>
Consumer ID	DOB	
Last Name	First Name	SSN
Consumer ID	DOB	
Last Name	First Name	SSN
Consumer ID	DOB	
Last Name	First Name	SSN
Consumer ID	DOB	
Last Name	First Name	SSN
Consumer ID	DOB	
Last Name	First Name	SSN
Consumer ID	DOB	
Last Name	First Name	SSN

**Please fax form to: 877-502-1037**

## **Guidelines for filling out and submitting a ProviderConnect Multiple Matching Records Resolution Form**

This form should be completed when the consumer has been found with multiple matching records when initiating a search in ProviderConnect. Multiple consumers can be submitted on each form. Please fax the form to: **877-502-1037**. We contact you telephonically within 2 business days.

### **Section 1 Provider Information**

Provider Name: Enter individual provider or facility/practice name.

Provider ID: Enter your 6 digit Beacon Health Options ID #

Provider Contact: Enter the name of the person that should be contacted regarding resolution.

Phone#: Enter the phone number of the provider contact.

### **Section 2 Consumer Information**

Consumer ID: Enter the consumer ID that was entered into ProviderConnect

DOB: Enter the DOB that was entered into ProviderConnect

Last Name: Enter the consumer's last name

First Name: Enter the consumer's first name

SSN: Enter the consumer's Social Security Number