

# Data Authorization Form

To set up an electronic data feed, complete this form. Please return it directly to your Prevea360 Health Plan Group Client Service Manager or Account Executive at sales@prevea360.com or via fax at 920.351.4630. This form must be received by your Prevea360 Health Plan Client Service Manager within 30 days of your renewal in order for your feed to be activated to your TPA vendor. Any forms received after 30 days cannot be processed.



## Group Health Plan Information

Group Name		Group Plan Administrator/Authorized Representative	Federal Tax ID #	
Group Address	City	State	Zip Code	County

## Third Party Administrator (TPA) Please contact your Prevea360 Health Plan Sales Executive or Client Services Manager for questions about available TPAs.

Company Name

## TPA Point of Contact (If known)

Name	Phone	Email
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## Data Feeds

Medical/Eligibility Data     Medical/Eligibility Data and Rx Data     Other \_\_\_\_\_

Date on which data feeds are to begin (same as contract start date).      Date of first incurred claims to be included (if differs from the date feeds begin).

Medical Plan Code/BIDS Number associated with electronic files (Found on your final rate sheet. Please include all medical codes if more than one plan has an HRA.)

## Statement of Authorization

\_\_\_\_\_ [Group Name] authorizes Prevea360 Health Plan to release information regarding the Explanation of Benefits (EOB) and claims processing for our members to our Third Party Administrator, \_\_\_\_\_. We understand that notification in writing is required to terminate this authorization, and that we are responsible for notifying Prevea360 Health Plan at least 30 days prior to the requested termination date.

Authorized Representative/Employer Signature	Date
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## Termination of Authorization

\_\_\_\_\_ [Group Name] hereby terminates the authorization for release of information to \_\_\_\_\_ [TPA Name] effective \_\_\_\_\_ [Requested termination date].

Authorized Representative/Employer Signature	Date
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## For Internal Use Only

TPA relationship with Prevea360 Health Plan currently exists <input type="checkbox"/> Yes <input type="checkbox"/> No	Date submitted to IT
Date Approved	Approved by
Date Denied	Denied by

Reason for denial