

JH IVR FAX AUTHORIZATION

Please type or print the information requested in all sections.
Incomplete information may result in a delay of your authorization.

This form must be completed to utilize the Novitas Solutions fax options relating to claim and payment status information only. The Novitas Solutions IVR will restrict faxing of individual claim and payment information to any number other than the fax number(s) that you authorize below. It is your responsibility to update this information as appropriate. This service is informational only. Claims will be processed according to information on file at the time of processing. Information obtained from the Novitas Solutions IVR is not a guarantee of payment. **Please note: All fields marked with an * are required and must be completed.**

*Select one state/jurisdiction: ☐ AR ☐ CO ☐ LA ☐ MS ☐ NM ☐ OK ☐ TX
☐ Indian Health Services ☐ Veterans Affairs

*Practice Name: _____

1. *National Provider Identifier (NPI) _____

2. *Provider Transaction Access Number (PTAN) _____

3. *Primary Office Fax Number _____

4. Primary Billing Company Fax Number _____

5. Alternate Fax Numbers _____

6. *Contact Name _____

7. *Contact Telephone Number _____

8. Office Internet Address _____

The undersigned authorizes and directs Novitas Solutions to release patient and claim information to the provider's office staff or billing service via fax.

*Printed Name of
Authorized Representative _____

*Signature of Authorized Representative

*Date

An Authorized Representative is one who has the ability to request claim and payment information under the above listed provider number. If you have any questions regarding this form or its contents, please contact us at 1-855-252-8782. **Completed forms should be mailed, not faxed to the address below.** Please allow 2 to 3 days for processing. Notification that your authorization has been completed will be sent to your primary fax number.

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