



Complementary and Alternative Medicine Authorization Form

Ease the Pain Program

Acupuncture

Chiropractor

Massage

Please return completed form **via secure email** to the CoC Program Coordinator

Tammie Murray Tmurray@nhpri.org **OR**

Fax to CoC attn. Tammie Murray 1-401-709-7044

For Authorization Process questions, please call: CoC Program Coordinator

401-459-6631 or CoC Supervisor 401-459-6070

MEMBER INFORMATION

Member's Name:	Member's ID #:	Member's DOB:
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PROVIDER INFORMATION

Provider's Name/ Phone #/ Fax #:	Supplier ID or NPI #:	Date of Request:
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Start Date of Service:	Previous Auth #: if applicable :
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End Date of Services:	Total number of Visits:
	Total number of Units:

Diagnosis:	CPT Code:
Diagnosis Code:	

NHPRI Use Only:

Authorization #:

For Billing questions, please call Kevin Kruth at 401-459-6024