



PHC COMMON PROVIDER FORMS

We want to make it easy for you to find the forms you need. If the form you are looking for is not listed or if you have questions, please contact the Provider Relations Department at 800-863-4155 or (707) 863-4100.

[271 Eligibility Enrollment & Payer Agreement](#)

[834 Membership Enrollment & Payer Agreement](#)

[835 ERA Enrollment & Payer Agreement](#)

[837 Claims Enrollment & Payer Agreement](#)

[Behavioral Health Treatment \(BHT\) Fax Cover Sheet](#)

[EDI Enrollment Form CORE Compliant: Real-Time Transactions 276/277](#)

[EDI Enrollment Form CORE Compliant: 835/ERA Retrieval Transactions](#)

[Incident Reporting Form](#)

[Incontinence Supplies Medical Necessity Certification Form](#)

[O2 Request Verification Form](#)

[Provider Information Change Form](#)

[Provider Contract Termination Form](#)

[Provider Site Closure Form](#)

[NEMT Required Justification Form \(PCS\)](#)

[PHC TAR - Long Term Care Request Form](#)

[PHC TAR - Pharmacy](#)

[PHC TAR - Request Form](#)

[PHC TAR - Supplemental Form: Antidiabetic Agents](#)

[PHC TAR - Supplemental Form: Hepatitis C Treatment](#)

[Primary Care Provider Selection Form Instructions - Northern Region](#)

[Primary Care Provider Selection Form – Northern Region](#)

[Primary Care Provider Selection Form Instructionn- Southern Region](#)

[Primary Care Provider Selection Form – Southern Region](#)

[Primary Care Provider Criteria Form](#)

[PHC Referral Authorization Form \(RAF\)](#)

[PHC eReferral Authorization Form \(eRAF\)](#)