



# Contact Update Form

As part of the move to electronic data management, Permedion will be reducing unnecessary paper work being sent to MassHealth providers.

Going forward we will send the Medical Record Requests and corresponding Cover sheets to the Medical Record contact **only**.

Each provider can still have two additional contacts to receive Determination Letters, Approved Lists, and Denial Summaries (e.g. Utilization Review/Case Management or Patient Accounts).

To accomplish this we are updating our contact information. Please fill out the contact information for both Medical Record Requests and Letters/ Initial and Final Summaries.

**Medical Records Request Only Contact:**

- 1. Hospital Name: \_\_\_\_\_
- 2. Hospital Address: \_\_\_\_\_  
\_\_\_\_\_
- 3. Name Of Contact: \_\_\_\_\_
- 4. Title: \_\_\_\_\_
- 5. Phone #: \_\_\_\_\_
- 6. Fax#: \_\_\_\_\_
- 7. Email: \_\_\_\_\_

**Please indicate above your hospital's selected contacts and Fax or Mail to Margi Ryder, Provider Relations Manager at Permedion**

510 Rutherford Avenue, Charlestown Mass 02129 Phone # (617)398-1407 Fax # 617-398-1422

X

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Contact Update Form

**Letters and Reports Contact:**

1. Hospital Name : \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Contact: \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Phone #: \_\_\_\_\_
6. Fax #: \_\_\_\_\_
7. Email: \_\_\_\_\_

**Letters and Reports Second Contact: (Optional)**

1. Hospital Name : \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Contact: \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Phone #: \_\_\_\_\_
6. Fax #: \_\_\_\_\_
7. Email: \_\_\_\_\_

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