



One Monarch Place, Suite 1500  
 Springfield, MA 01144-1500  
 healthnewengland.org

**HERE TO THERE\* PROGRAM  
 NOTIFICATION FORM**

Please fax completed form to the Health Services Department at (413) 233-2700.

<b>MEMBER INFORMATION</b>		
Today's Date: ____/____/____ Member Name: _____		
Date of Birth: ____/____/____ Health New England Member ID #: _____		
<b>REFERRING PHYSICIAN</b>		
Physician Name: _____		Provider #: _____
Office Contact Name: _____		Phone #: _____
Diagnosis(es): _____		
<b>TREATING PHYSICIAN</b>		
Physician Name: _____		Specialty: _____
Address: _____		
Phone #: _____		Fax #: _____
<b>TYPE OF SERVICE</b>		
Please note: Any advanced imaging services (MRI, CT, PET) must be requested through eviCore healthcare at (888) 693-3211 or <a href="http://www.evicore.com">www.evicore.com</a> .		
<input type="checkbox"/> <b>Office Visits</b> Date of Visit: ____/____/____ Number of Office Visits: ____		
<input type="checkbox"/> <b>Hospitalization</b> (please check those that apply): <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Surgical Day <input type="checkbox"/> Observation		
Procedure/CPT Code(s): _____		
Admit Date: ____/____/____		Number of Pre-Op Visits: ____ Number of Post-Op Visits: ____
<b>AFFILIATED FACILITIES</b> (please check destination facility)		
<input type="checkbox"/> Beth Israel Deaconess Medical Center	<input type="checkbox"/> Dana Farber Cancer Institute	<input type="checkbox"/> Massachusetts General Hospital
<input type="checkbox"/> Boston Medical Center	<input type="checkbox"/> Dartmouth-Hitchcock Medical Center	<input type="checkbox"/> New England Baptist Hospital
<input type="checkbox"/> Brigham and Women's Hospital	<input type="checkbox"/> Massachusetts Eye and Ear Infirmary	<input type="checkbox"/> Tufts New England Medical Center, Inc.
Total Visits Allowed: _____ Start Date: ____/____/____ End Date: ____/____/____		
Notification #: _____		
Notification is for: _____		
<b>Please note: You must notify Health New England of any services outside of this notification to ensure coverage.</b>		
<b>COMMENTS</b>		
_____		
_____		
_____		

*\*Health New England's Here to There program is for covered specialty care. It does not include infertility services, behavioral health, substance abuse, physical therapy, occupational therapy or speech therapy. Health New England's Here to There program is not available for any primary care services, including internal medicine, family practice, pediatrics and obstetrics. It is not available for care not covered by Health New England, such as experimental treatment. Health New England's Here to There program is not available for Medicare Advantage, Medicaid or for PPO plans. Not all employer groups participate in the Here to There program – check with your HR representative to see if you have this benefit.*