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AETNA | myNEXUS®

HOME HEALTH PROVIDER FAX CONFIRMATION FORM

***PLEASE FAX THIS COMPLETED FORM TO:* 629-204-3053**

myNEXUS is committed to protecting member's Protected Health Information (PHI). To prevent disclosure of PHI to unauthorized recipients, myNEXUS requires confirmation of your phone and fax number. **myNEXUS must receive this completed form prior to faxing authorization notifications.**

If you have questions regarding this form, please contact our Provider Data Management team at ProviderDataManagement@myNEXUScare.com or call (615) 610-5815.

Thank you for your assistance in protecting member's PHI.

Date of Confirmation: ________________________________	**Name of person completing confirmation form:** ________________________________ **Contact Phone # (in case clarification is needed):** ________________________________

If you are confirming multiple locations, you may attach a list of the locations, along with the information requested below.

Provider Branch Name (official W-9 Name):	
DBA Name (if app):	
NPI:	**TIN:**
Branch Address:	**City, State:**
Branch Phone #:	***Please note, all faxes for authorization and/or requests for additional documents will be sent to this fax number.***
Branch Fax #:	

If your company has a central authorization department that will be processing authorization requests for multiple branches, please also complete the information below.

Parent Company Name:	I want all communication for members for the above branch listed to go through the central auth department phone/fax: ☐ Yes ☐ No
Authorization Dept Contact Phone #:	
Authorization Dept Fax #:	

CONFIDENTIALITY NOTICE: This fax message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or may otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by fax and destroy all copies of the original message and any attachment thereto.