

CHA Disruption Analysis Request Form

Disruption Analysis Reports are available for healthcare providers and facilities. Please attach an excel spreadsheet with all claims experience or provider utilization. Disruption Analysis reports need to include a tax identification number and the name that is in box 31 of the Health Insurance Claim Form (HCFA 1500) or the facility name in box 1 of a UB-04 Form.

Date Requested: _____

Date Needed By: _____

Requested By: _____

Address: _____

City, State, Zip: _____

Employer Group &/or Subsidiary
Company: _____

Special Instructions or Requests: _____

CHA Contact:
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