



## **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-92 Form.

Date Requested: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer Group &/or Subsidiary  
Company: \_\_\_\_\_

Special Instructions or Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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