

**Provider Information**

<b>Provider Name</b>			
<b>Contact Person</b>		<b>Phone #</b>	
<b>Email Address</b>		<b>Fax #</b>	

**Consumer Information**

<b>Name</b>			<b>Trillium Client ID</b>	
<b>Medicaid ID</b>			<b>Health Choice ID</b>	
<b>DOB</b>		<b>Service Code</b>		
<b>Dates of Service</b>				

**Please submit completed form to:**  
 Fax (252) 215-6877, Attn: Bonnie Harrison; or  
 Email [bonnie.harrison@trilliumnc.org](mailto:bonnie.harrison@trilliumnc.org).

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**TRILLIUM INTERNAL USE ONLY**

<b>Date Received</b>		<b>Date Completed</b>	
<b>Processed by</b>			

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