



## PROVIDER EXPLANATION OF PAYMENT (EOP) REQUEST

### PROVIDER INFORMATION (please print all information)

All fields in the box immediately below are required information.

\*If this is a claim which paid as an Electronic Funds Transfer (EFT) you will need to contact PaySpan for any/all EOP information. PaySpan can be reached at 1-877-331-7154

Provider Name:	Provider Tax ID Number:
NH Healthy Families' Control (Claim) Number:	Date(s) of Service:
Check Number:	Provider NPI Number:

Provider Office Address:

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Office Phone Number:

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Office Fax Number:

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**DIRECTIONS:** Please fax the Provider EOP Request form to NH Healthy Families' Provider Service Department, ATTN; PROVIDER SERVICES at 1-877-502-7255 or mail completed form to:

NH Healthy Families –  
Provider Services  
2 Executive Park Drive  
Bedford, NH 03110

**Important Notice:** NH Healthy Families will make reasonable efforts to resolve this request within 15 calendar days of receipt. Incomplete forms will not be accepted and will not be returned.