Contact Form



Commitment

From your Provider Relations Team

nsuring we have the most up-to-date contact information is vital in our ongoing efforts o keep you informed. Your help is greatly appreciated in keeping accurate records by completing the form below.

Please provide us with contact information for individuals from your practice who should receive communication from NH Healthy Families:

Practice:	
Group:	
TIN #:	
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

Please return form in one of these three ways:

Email: NH_Healthy_Families_RSVP@centene.com

Fax: 877-502-7255

Mail: NH Healthy Families, 2 Executive Park Drive, Bedford, NH 03110

NHhealthyfamilies.com

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