

**Email Confirmation for Reports**

***Please list contacts within your organization that you would like to have set up to receive the below reports, and email to*** ***agencyupdategroup@optioncare.com*** ***with a request. This form can be updated at any time to change the frequency or contacts for the reports***

***Please complete this form in TYPED format for clarity (no handwritten forms)***

***We are not able to send reports to personal email addresses (i.e. gmail, hotmail, etc.)***

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| Agency Name: | TIN: |

**Claims on File (COF) and Rejection Reports**

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| --- | --- | --- | --- | --- |
| **POSITION** | **NAME** | **PHONE** | **EMAIL ADDRESS** | **LOCATION** |
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**How often would you like to receive the COF and Rejection reports?**

|  |  |  |
| --- | --- | --- |
| Weekly [ ]  | Bi-Weekly [ ]  | Monthly [ ]  |

**Explanation of Payments (EOP’s) and Denials**

**EOPs and Denials are sent out via email on a weekly basis for the corresponding check**

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| **POSITION** | **NAME** | **PHONE** | **EMAIL ADDRESS** | **LOCATION** |
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| **Name of Representative Submitting Request** | **Date** |
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