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Hamaspik.com

AUTHORIZATIONS NOTIFICATION FORM

The purpose of this form is for you to inform Hamaspik how you would like to receive authorizations.

Please email this completed form to: authorizations@hamaspikchoice.org

Or Fax it to: (845) 503-1950

Provider Name (print): _____

Provider NPI: _____

Type of Service: _____

Hamaspik should send Authorizations:

Region:	Fax To:	Email To:
<i>Specify counties or put "ALL"</i>	<i>Indicate Fax or Email (1 selection)</i>	

Signed: _____

Printed Name: _____

Tel. No.: ** _____

**** This is the tel. number we will call to confirm that the initial batch of authorizations is received.**

Email: _____

Date: _____

✉ Please email this form to: authorizations@hamaspikchoice.org

Or Fax it to: (845) 503-1950