NextLevel Health
322 S. Green St., Ste. 110
Chicago, IL 60607

Provider Status/Inquiry Request Form
Provider Information

Date

Name (Provider or Facility, depending on inquiry)

Provider NPI # or Facility NPI #

Street address, City, ST, ZIP Code

Group TIN #

Primary phone number | Other phone number

Email address

Type of Request:

☐ Copy of Contract ☐ Copy of Contract Amendment ☐ Claims Issues

☐ Member Authorization ☐ NLH Portal Issues ☐ NLH Portal Changes

☐ Electronic Funds Transfer ☐ Credentialing Status ☐ Complaints

Please describe nature of action requested (type of information requested; nature of amendment, nature of claims issues, NLH Portal issues and complaints, etc.) in detail.

[Note: If there al multiple inquiries, please list all information below.]

Please list NextLevel Health staff members that were contacted regarding this matter:

Name Date

Name Date

Requestor Signature Date

For Administrative Use Only: Date received

Action taken Date

Attach additional documentation, if applicable.