

Capitation Research Request

Date: _____ **PCP:** _____

Contact: _____ **Phone:** _____ **Fax:** _____

The following members are effective with St. Vincent IPA per the health plan, but are not showing up on my capitation list. Please research and verify that the members are eligible for capitation payment.

Member Information: (Please print CLEARLY. All Information MUST be completed)

Member Name	Date of Birth	Health Plan	Member ID #	Months Cap Not Received
1.				
IPA USE ONLY:	Effective Date:		Comments:	
2.				
IPA USE ONLY:	Effective Date:		Comments:	
3.				
IPA USE ONLY:	Effective Date:		Comments:	
4.				
IPA USE ONLY:	Effective Date:		Comments:	
5.				
IPA USE ONLY:	Effective Date:		Comments:	
6.				
IPA USE ONLY:	Effective Date:		Comments:	
7.				
IPA USE ONLY:	Effective Date:		Comments:	
8.				
IPA USE ONLY:	Effective Date:		Comments:	
9.				
IPA USE ONLY:	Effective Date:		Comments:	
10.				
IPA USE ONLY:	Effective Date:		Comments:	

FAX REQUEST TO: (562) 924-1603 ATTN: PROVIDER RELATIONS

***Note:** Once eligibility has been verified, capitation will be paid retroactive from date of notification.