

Office Information	
Office Name:	Office Contact:
Phone:	Email:
Fax:	
Patient Information	
First Name:	Last Name:
Member ID #:	Date of Birth:
Authorization #:	Discharge Date:
Important	
<ul style="list-style-type: none"> <li>• Please complete the above fields and submit this form to Holista for processing. You may submit this form via fax or email with the information below.               <ul style="list-style-type: none"> <li>○ Email: <a href="mailto:therapy@holistahealth.com">therapy@holistahealth.com</a></li> <li>○ Fax: 866-231-6344</li> </ul> </li> <li>• Once submitted, it may take up to 3 business days to process.</li> <li>• Discharge forms received Tuesdays after 10am CT may be processed on the following weeks check run.</li> <li>• Check runs will continue to be run every Wednesday for EFT payments and every other Wednesday for physical checks.</li> <li>• Actual case fee payment amounts may vary depending on member's deductible. Please refer to the patient responsibility report on the Provider Web Portal for more information.</li> <li>• Questions may be directed to 888-560-6855, Monday – Friday 8am to 4pm CT.</li> <li>• <i>Note: There may be a delay in payments if claims are still pending with Aetna for approval.</i></li> </ul>	