



Periodic *Fast Faxes* are intended to enhance your partnership with HealthCare Partners, IPA

**HealthCare Partners, IPA**

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Garden City, NY 11530  
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www.hcpiipa.com  
Email: provrel@hcpiipa.com

**Important Contacts:**

**Customer Service**

Phone: (800) 877-7587  
Fax: (888) 873-0895

**Clinical Services**

Referral Fax: (516) 746-6433

# Important Reminder

## Services Provided Without Required Prior Authorization, Pre-Certification or Referral are NOT Payable

**Please ensure that you obtain prior approval for all services requiring authorization, pre-certification, or referral prior to performing the service(s).**

**Please note Members cannot be balance-billed for covered services when payment is denied for failure to obtain prior approval when applicable.**

**Submitting a request for service allows HealthCare Partners to assist you in determining the member's eligibility to receive services, the participating status of the requested provider of service, and whether or not the requested service is covered under the member health plan benefit.**