



# Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Account Set-Up Form

Please check one:  Update to Previously Submitted Form  New Form

Thank you for participating in the PAF/HQPAF program. Please complete the information below to accept administrative reimbursement for completed PAFs/HQPAFs. The sole purpose of the administrative reimbursement is to compensate you for your professional time as well as any administrative costs you incur by participating in this program.

**Administrative reimbursements can only be made when this completed form is received by Optum.**

- A properly completed PAF/HQPAF will be reimbursed a one-time administrative reimbursement, per patient, per calendar year. The PAF/HQPAF must be submitted with documentation that is compliant with Centers for Medicare and Medicaid (CMS) and/or State Medicaid agency regulations.
- If you are unable or unwilling to schedule a visit with the patient, return the form with the Patient Status Exceptions section completed to indicate why an assessment could not be performed.

### REQUIRED INFORMATION (Please print legibly and complete all fields.)

Physician or group to whom payment should be made: *(please ensure this matches the provider's or group's W9 Tax information)*

Mail payment to the attention of (i.e. Office Manager, Accounting, etc.): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Participating Physician Name(s) <input type="checkbox"/> Check box if attaching additional list of physicians	Tax ID <i>(required for payment to be issued)</i>

### Administrative Contact Information *(to verify information and answer administrative questions)*

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Optional Information

Optum Healthcare Advocate, if known: \_\_\_\_\_

**Return this via secure fax or traceable carrier:**

**Secure Fax *(preferred method to expedite processing):***

**Attn: Optum – Prospective Processing**

**Secure Fax: 1-877-889-5747**

**- or -**

**Traceable Carrier:**

**Attn: Optum – Prospective Processing**

**1021 Windcross Ct., Franklin, TN 37067**

For questions, please contact Optum Provider Support Center at 1-877-751-9207.