JOHNS HOPKINS
HEALTH PLANS

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Important Alert: Fraudulent Faxes Reported

Effective Date: Immediately

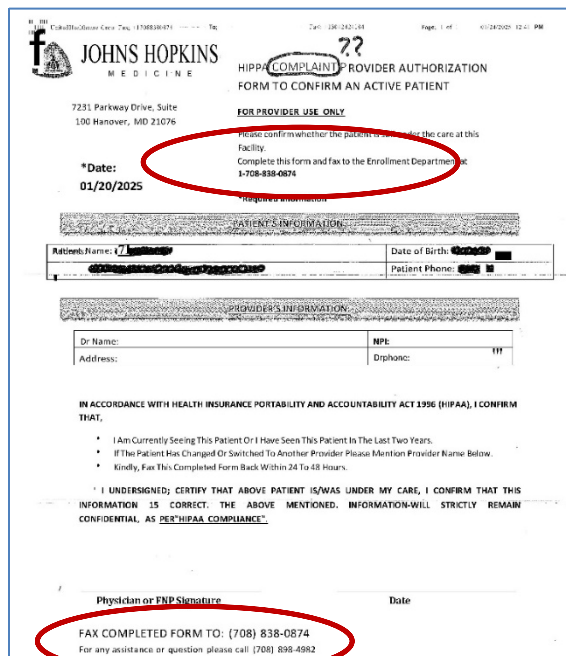
Health Plan(s) Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners and US Family Health Plan (USFHP)

Explanation of Issue:
It has been reported that Johns Hopkins Health Plans providers have received fraudulent fax communications from an unknown entity using Johns Hopkins Medicine (JHM) and Johns Hopkins Health Plans logos and our Hanover, MD address.

These communications are NOT from Johns Hopkins Health Plans or JHM. No information should be provided to the requester.

Please note in the red circled areas below that these are non-Maryland area codes not associated in any way with Johns Hopkins Health Plans or JHM. Fraudulent faxes may include misspellings or a mismatched logo and address.

If you believe you have received a fraudulent fax, please contact Johns Hopkins Health Plans' Compliance Department at **410-424-4996** or email compliance@jhhp.org with a copy of the fax.



JOHNS HOPKINS
MEDICINE

7231 Parkway Drive, Suite 100 Hanover, MD 21076

HIPPA COMPLAINT PROVIDER AUTHORIZATION FORM TO CONFIRM AN ACTIVE PATIENT

FOR PROVIDER USE ONLY

Please confirm whether the patient is still under the care at this Facility.
Complete this form and fax to the Enrollment Department at 1-708-838-0874

*Date: 01/20/2025

*Required information

PATIENT'S INFORMATION

Patient Name:	Date of Birth:
	Patient Phone:

PROVIDER'S INFORMATION

Dr Name:	NPI:
Address:	Drphone:

IN ACCORDANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT 1996 (HIPAA), I CONFIRM THAT,

- I Am Currently Seeing This Patient Or I Have Seen This Patient In The Last Two Years.
- If The Patient Has Changed Or Switched To Another Provider Please Mention Provider Name Below.
- Kindly, Fax This Completed Form Back Within 24 To 48 Hours.

I UNDERSIGNED; CERTIFY THAT ABOVE PATIENT IS/WAS UNDER MY CARE, I CONFIRM THAT THIS INFORMATION 15 CORRECT. THE ABOVE MENTIONED. INFORMATION-WILL STRICTLY REMAIN CONFIDENTIAL, AS PER"HIPAA COMPLIANCE".

Physician or FNP Signature

Date

FAX COMPLETED FORM TO: (708) 838-0874
For any assistance or question please call (708) 898-4982