



Health Net

Child Health and Disability Prevention (CHDP) PM 160 Information Only (INF) Form Request

Providers can submit PM 160 INF forms electronically to Health Net Community Solutions, Inc. (Health Net) by logging in to the Health Net provider website at provider.healthnet.com > *Transactions* > *Claims* > *Submit PM 160 INF Form*. Submitting PM 160 INF forms online ensures the forms are received quickly and directly, while reducing environmental burden. If you prefer to submit hard-copy PM 160 INF forms, complete and submit this form via mail, secure fax or email, to Health Net as directed below.

Please allow up to two weeks to receive the requested forms.

CHDP PM 160 Information Only (INF) (Confidential Screening/Billing Report) Form Request	
Requester:	
PCP name:	
California license #:	
PPG affiliation:	
Mailing address:	
City, ZIP code:	
Telephone number:	
Attention: (if different from requestor)	
Quantity requested:	
Date:	
Mail, fax or email to:	Health Net Encounter Department Attn: CHDP Coordinator PO Box 419071 Rancho Cordova, CA 95741-9071 Fax: (916) 935-4476 Email: ENC_Team@healthnet.com
Comments:	

Allow up to two weeks for delivery.