

Member Records Request

Member Name: _____

Member ID Number: _____

Address: _____
(must match the address on file at the time of the request)

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Mobile/Cell #: _____

Records Request Details

Records Request Type (Please check all applicable boxes)

Behavioral Health Claims

Medical Claims

Pharmacy Claims

Other (please specify) _____

Service Dates

From _____ To _____

Requestor's Signature _____ Date _____

For your convenience, you may mail, fax or email your request as follows:

Mail: Mass General Brigham Health Plan
Customer Service Department
399 Revolution Drive – Suite 820
Somerville, MA 02145

Email: HealthPlanCustomerService-Members@mgb.org

Fax: 617-526-1985

Please allow 30 business days for processing.

MassGeneralBrighamHealthPlan.org
399 Revolution Drive, Suite 810, Somerville, MA 02145