



SWSCHP
 c/o Amalgamated Benefits
 333 Westchester Avenue
 White Plains, NY 10604
 T: 888-779-7247
 F: 914-367-4108
 swschp.org

USUAL, CUSTOMARY & REASONABLE RATE REQUEST FORM

Date of Request: _____

Plan Name: SWSCHP

Member ID: _____

Member Name: _____

Phone #: _____

Patient Name: _____

Provider Information

Tax ID # _____

Physician Name: _____

Address: _____

Phone #: _____

Claim Information

Date of Service: _____

Diagnosis: _____

Procedure Code: _____

Charge: _____

Please include applicable modifier(s).