



Provider Hardship Payment Request Form

Request Information

Provider

Date Requested:

Network Provider ID (NPI):

Entity ID Number (EIN):

Taxonomy:

Site Address:

Address:

Amount Requested:

Reason for Request:

Prior to submitting the form, please ensure that the information above aligns with NCTracks to prevent delays. Please submit the completed form to TrilliumFinance@TrilliumNC.org. Trillium’s Finance team will reach out to discuss and complete the Hardship Repayment Agreement.

For Trillium Use Only

Date Received:

Analysis Completed By:

Decision:

Amount Approved:

Kellie Baker - Trillium VP of Financial Strategy and Medical Economics

Date

Melissa Owens, Trillium CFO

Date

