



*...rising above the service you expect*

Dear Practitioner:

Thank you for your interest in joining ADVANTAGE Health Solutions, Inc. (ADVANTAGE). In an effort to process claims efficiently, please provide the following information regarding covering physicians.

Please provide your full name, email address, NPI number, phone number and fax number:

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Please provide your billing/payment address: \_\_\_\_\_

Please provide the covering physician's practice name:

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Please provide the covering physician's practice location:

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Please provide all covering physician's full name and Tax Identification number:

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Please do not hesitate to contact our Provider Relations Department at (317) 573-6644 if you have questions or feel free to fax this form to 317-573-6218.

Sincerely,

Candace Ervin  
Provider Relations Project Coordinator  
ADVANTAGE Health Solutions, Inc.<sup>sm</sup>