

CONTRACT COPY REQUEST FORM

The Contract and Fee Schedule contain proprietary and confidential information and can only be released to the authorized signatory. An email address is required in the space below if you are requesting electronic copies. Electronic copies will be sent through secure email.

PROVIDER INFORMATION:

PROVIDER NAME: _____

Senior Whole Health Provider ID# (if known): _____

BILLING NPI: _____

BILLING TIN: _____

PROVIDER SERVICE ADDRESS: _____

PROVIDER MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: (If requesting electronic copies) _____

CONTACT NAME: _____

CONTRACT TYPE:

INDIVIDUAL CONTRACT

GROUP CONTRACT

FACILITY CONTRACT

FEE SCHEDULE

OTHERS _____

IMPORTANT: *Facility Contract Requests should be directed to your Contracting Department. If you cannot locate your copy of the contract, please have your Contract Manager or authorized signatory complete and sign this form.*

I have read the information provided on this request form and do hereby acknowledge that I am an Authorized Signatory for the provider mentioned above and fully understand the terms and conditions of this authorization.

Authorized Signatory: _____

Printed Full Name: _____

Dated: _____

Please Note: *Depending on when the contract was countersigned, this request can be reviewed internally, and an outreach can be made to confirm before a copy can be sent over. Please allow 7-12 business days for processing.*