

Primary Care Provider Acceptance Form

If your Primary Care Provider (PCP) is not accepting new patients, we may need to confirm with the provider group that you are a current patient with them. Please complete this form and fax it to Alterwood Advantage at 410-801-5866.

PART I: MEMBER INFORMATION			
Member's Name:		Date of Birth	
Member's Address:			
City:	State:	Zip Code:	
Alterwood Advantage Member ID:		Member Phone Number:	
PART II: PCP INFORMATION			
PCP Group/Practice Name:			
Form Completed By:		TIN/NPI	
PART III: OFFICE MANAGER INFORMATION			
Form Completed By:			
We accept this member into our panel:			
Office Phone Number:		Office Fax Number:	
Office Manager Signature:		Date:	
PART IV: SIGNATURE			
Member Signature:		Date:	