



Your Healthcare Network Solution In North Alabama



### PROVIDER RECRUITMENT REQUEST FORM

In an effort to help you receive the maximum benefits from your NAMCI/Premier PPO, we are willing to contact your family physicians to encourage their participation in the NAMIC/Premier PPO network. Please complete and return this form to your benefits office.

<b>Name of Provider:</b>	
<b>Provider's Specialty:</b>	
<b>Contact:</b>	
<b>Location: (please include complete address)</b>	
<b>County:</b>	
<b>Physician Telephone #:</b>	
<b>Requested by (Name, Company, &amp; Phone Number):</b>	
<b>Date of Request:</b>	

Please complete and return this form to Cathy Ontiveros, NAMCI/Premier Provider Relations Representative, at P.O. Box 18788, Huntsville, AL 35804 or you may fax it to 256-532-2756.