

New Provider Enrollment Form

Please complete the form and scan and email to provider@myphysicianplan.com or fax to 443-594-7840.

Organization Details

Facility Name:

Facility Tax ID:

Facility NPI Number:

Facility Address:

Facility Phone Number:

Facility Email Address:

Facility Contact Person:

Physician Details

Primary Care Physician Full Name:

Physician NPI Number:

Specialty:

License Number:

State:

EMR Details

Do you use EMR? Yes No

If Yes, EMR Name:

EMR Contact Person:

EMR Contact Email:

EMR Contact Phone:

Lab Details

Do you have a LabCorp Account: Yes No

If yes, LabCorp Account Number:

Do you have a Quest Diagnostics Account: Yes No

If yes, Quest Diagnostics Account Number:

Note: After receiving your form, one of our representatives will contact you to answer any questions you may have and assist you in completing the enrollment process. Thank you.