

## New Provider Enrollment

If you are interested in joining MyPhysicianPlan, please download this form and share your practice/physician details.

### PRACTICE/PHYSICIAN DETAILS

SOLO PRACTICE       GROUP PRACTICE       OTHER

Doctor Name:  NPI#:

Practice Name:  State:

Address:

Phone:  Fax:  Email:

Please complete and scan/email the form to [provider@myphysicianplan.com](mailto:provider@myphysicianplan.com) or fax to 443-594-7840. Our provider enrollment team will reach out to you soon.

Thank you.