

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 or fax to 443-594-7840. Our provider enrollment team will reach out to you soon.

Thank you.