



PROVIDER REQUEST TO PARTICIPATE

Thank you for your interest in participating with NAMCI, Comp1One and Alabama Premier Network (APN).

Name of Provider:		
Provider's Specialty:		
Contact Person:		
Contact Phone Number:	()	
Office Manager (if known):		
Practice/Facility Name:		
Location	Address:	
	Suite Number:	
	City, State & Zip:	
Requested by (your name):		
Your Phone Number (In case we need to contact you for additional information):	()	
Date of Request:	/ /	
New physician joining practice?	YES NO	If new physician, start date: / /

Please complete and return to Cathy Ontiveros, NAMCI/Premier Provider Relations Representative, at P.O. Box 18788, Huntsville, AL 35804. You may also fax to 256-532-2756 or email to cathy.ontiveros@namci.com.