

Requestor Name: _____ Date: _____ LOG #: _____

Member Contact Information	
Member Name (First, MI, Last):	
Address:	
City, State, Zip Code:	
County:	
Member ID:	
Prospective Provider Information	
Provider Name (First, MI, Last):	
Provider Email Address:	
Provider Phone Number:	
NPI/Tax ID Number:	
Group Name:	
Group/Entity NPI Number:	
Group/Entity Tax ID Number:	
Provider Type:	
Address:	
City, State, Zip Code:	
County:	
Contact Name (Administrator):	
Contact Email Address:	
Contact Phone Number:	
Question/Issue: <i>(Please provide sufficient details to allow for research/resolution; include dates, times, Member ID#, and other information as necessary.)</i>	

Manager Reviewed: _____ Date: _____

PROVIDER NETWORK USE ONLY

Findings and Actions Taken: