

Island Group Administration, Inc.

Corporate Offices
3 Toilsome Lane, East Hampton, New York 11937
Phone: (631) 324-2306 or 1-800-926-2306
Fax: (631) 324-7021 or (631) 329 0152

- PARTICIPATING PROVIDER APPLICATION -
- ADD A NEW PROVIDER TO AN EXISTING PARTICIPATING GROUP -

_____ YES, I WISH TO BECOME A PARTICIPATING PROVIDER FOR ISLAND GROUP ADMINISTRATION, INC.'S SELF FUNDED PLANS. I UNDERSTAND I WILL BE CREDENTIALLED WITH THE EXISTING PARTICIPATING TIN AS OF THE DATE OF THIS APPLICATION. Initials _____

NAME OF PROVIDER _____
LAST, FIRST, MI MALE/FEMALE DEGREE(S)

NAME OF THE GROUP _____

*PLEASE ATTACH A SEPARATE SHEET WITH THE PROVIDERS CURRENTLY IN THIS GROUP

SPECIALTY _____ SUB-SPECIALTIES _____

SIGNIFICANT DISEASE(S) & ILLNESS(ES) TREATED _____

MAIN OFFICE ADDRESS _____

APPOINTMENT PHONE (____) _____ FAX (____) _____

BILLING ADDRESS _____

BILLING PHONE (____) _____ FAX (____) _____

*PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL SERVICE LOCATIONS/PHONE & FAX NUMBERS

WEBSITE: _____ OFFICE CONTACT/EXT _____

TAX ID NUMBER _____ SS NUMBER _____

DEA NUMBER _____ STATE LICENSE NUMBER _____

SIGNATURE _____ DATE _____

DESIGNATION(S) please circle or list MD DO DDS PHD PA NP _____

PLEASE ATTACH-REGISTRATION CERTIFICATE/CURRENT LICENSE-DECLARATION OF MALPRACTICE INSURANCE-CURRENT CONTROLLED SUBSTANCE REGISTRATION

9/15/15



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Credentialing a Nurse Practitioner, Physician's Assistant or Certified Nurse Midwife

Legal Group Name _____

Office Name or DBA _____

Primary Office Address _____

Phone _____ Fax _____

Provider :

Name _____

Treating Specialty _____

License Number _____ Degree _____

Start Date _____

Collaborating or Supervising Physician:

Name _____

Board Certification _____

License Number _____ Degree(s) _____

Credentialers Name _____

Phone Number _____

4/1/16

