

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
www.islandgroupadmin.com

ARE YOU MOVING? IS YOUR CHILD ATTENDING COLLEGE OUT OF STATE?

WE WILL ALWAYS TRY TO ACCOMMODATE OUR CLIENTS BY EXPANDING OUR NETWORK TO INCLUDE PROVIDERS IN ALL AREAS, NATIONWIDE!

Please complete this form with the Provider's you would like us to contact for Participation!

Name of Insured: _____ Employer: _____

ID Number: _____ Daytime Phone Number: _____

Name of Patient(s): _____

Provider Information (Please provide as much information as possible)

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

Additional Provider

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

**PLEASE RETURN THIS FORM TO PROVIDER RELATIONS AT
THE ABOVE ADDRESS OR FAX. THANK YOU**



Additional Provider

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

Additional Provider

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

Additional Provider

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

Additional Provider

Name of Provider : _____ Office/Group Name _____

Office Address _____

Phone Number (____) _____ Fax Number (____) _____

Specialty: (Example – Family Practice, Urgent Care, OB/GYN) _____

