

Allied Provider Check list

A complete packet will have:

- Signed Participating Allied Provider Agreement
- Signed Amendment to Participating Agreement
- Signed Antitrust Policy (All providers)
- Completed Provider Pre-authorization (All providers if applicable)
- Completed NC Uniform Application accompanied by the required documentation
- Check List completed (All providers)

Please complete the information below so that we can process your contract and list your practice correctly in employer directories.

Practice Name	
Tax Identification #	
Services Provided	
Physical Address (Include multiple locations. If separate tax id numbers, please complete a separate form)	
Billing Address Phone# Contact Name	
Mailing Address	
Phone Number	
Fax Number	
Office Manager/ Contact person	
E-Mail	

Please list all providers that are included in your practice below: