CRESCENT
HEALTH SOLUTIONS

Employee Request for Physician Participation
In
Crescent Health Solutions, Inc. Provider Network

Employer Name: _____

Employee Contact Telephone Number: _____

I have reviewed the Crescent Health Solutions, Inc. Provider Network Directory given to me by my employer and determined that my physician(s) (and/or the physician(s) of my spouse/dependents) do not yet participate in the network. Through this form I am requesting that Crescent staff contact the physician (s) listed below and ask for their consideration in participating in the network.

Employee Name:	(please print)	**Date:**	

Physician Name And Practice Name	**Physician Address (Town) And Telephone Number**	**Patient Name (Employee, Spouse, Children)**

Employee Signature: _____

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR HUMAN RESOURCES MANAGER; OR FAX TO CRESCENT HEALTH SOLUTIONS AT 828-670-9155 - ATTENTION: DEANA GARDNER.

1200 Ridgefield Boulevard, Suite 215 ▫ Asheville NC 28806
Tel: (828) 670-9145 ▫ Tel: (800) 707-7726 ▫ Fax: (828) 670-9155 ▫ www.crescenths.com
Spanish language customer service (888) 312-0008