Employee Request for Physician Participation in Crescent Health Solutions Provider Network

Employer Name (please print): _____

I have reviewed the Crescent Health Solutions, Inc. Provider Network Directory given to me by my employer, and have determined that my physician(s) and/or the physician(s) of my spouse/dependents do not yet participate in the network. With 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: _____

Contact Telephone Number: _____ Ext: _____ Best Time to Call: _____

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

Employee Signature: _____

PLEASE COMPLETE THIS FORM AND FAX TO PROVIDER RELATIONS AT 828-670-9155.

Crescent Health Solutions 1200 Ridgefield Blvd. Ste. 215 Asheville NC 28806-2292 Telephone 828-670-9145 Fax 828-670-9155