

ASPA PAYOR PARTICIPATION ATTACHMENT

Please Review the list of Payor Below. Should you wish to make any changes, i.e. add or drop a plan please indicate below. If you do not wish to make any changes to the plans you are currently active with you do not need to fill out this form.

PLEASE NOTE: If you have changed practices all plans you were contracted with prior to the change will follow you. If you are adding a 2nd Tax ID you will need to fill out a new ASPA PAYOR PARTICIPATION ATTACHMENT FORM. If you do not wish to remain on the same plans you will need to indicate this below.

ACPN- AMERICA’S CHOICE PROVIDER NETWORK	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS ADVANTAGE DISCOUNT CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS DIRECT PRIMARY CARE MEDICAL HOME	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS GYN –WELL WOMEN SERVICES	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS IMMUNIZATION CENTER FOR HEALTH PASS AND CARE PLUS PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS PEDICATRIC SERVICES	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS PLUS/PREMIUM (PCP & URGENT CARE)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALLWELL DUAL MEDICARE – AMBER (HMO SNP) FORMALLY BRIDGEWAY ADVANTAGE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AMERIPLAN HEALTH & MEDICAL PLANS OF AMERICA	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
CORVEL AUTO MEDICAL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
CORVEL PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
CORVEL WORKERS COMPENSATION	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED AUTO MEDICAL PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED PROVIDER NETWORK	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED WORKERS COMPENSATION	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY HEATHCARE PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY HEATHCARE DISCOUNT CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH CHOICE (AHCCCS)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH CHOICE GENERATIONS (AHCCCS)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH NET	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH NET AMBETTER MARKET PLACE PLANS			<input type="checkbox"/>	DROP
HEALTH NET AHCCCS			<input type="checkbox"/>	DROP
HEALTHSMART ACCEL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART HPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HUMANA CHOICECARE NETWORK PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HUMANA MEDICARE PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN AUTO MEDICAL PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN DISCOUNT SAVINGS CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP

MAGELLAN AHCCCS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MEDSOLUTIONS – HEALTH CHOICE		Closed Panels	<input type="checkbox"/>	DROP
MULTIPLAN AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTI PLAN MEDICARE ADVANTAGE PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTI PLANS PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTIPLAN VALUE POINT ACCESS CARD PROGRAM	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTIPLAN WORKERS COMP.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICES IME PROGRAM	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICE PPO, AUTO, WORKERS COMP.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICES TELEMEDICINE PROGRAM FOR WC	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA PRIMARY	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA SUPPLEMENTAL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER SELECT INC.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
THREE RIVERS PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
TRICARE (Health Net Federal Services)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
UNIVERSITY OF ARIZONA	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
USA AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
USA MANAGED CARE – PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
USA WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE MEDICAID	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE MEDICARE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE PRIMARY PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE SUPPLEMENTAL PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE TRICARE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP

PLEASE NOTE – ASPA’s plans retain the right to refuse a provider access to participate under the ASPA contract. ASPA will make every effort to assist you in this process; we recommend that if you are transitioning from a direct contract or another network into an ASPA contract, that you should contact the plan prior to contacting ASPA to make sure they will allow the transfer. Please send copies of any correspondence to ASPA regarding your request to the plan.

PRINT PROVIDER NAME

PROVIDERS AHCCCS Number

PROVIDERS Medicare Number

PROVIDER SIGNATURE

DATE

PROVIDERS TAX ID

** This form must have a provider’s signature in order to be completed for processing. If no signature is present plans will not be notified of the above changes

COMPLETED W-9 MUST BE ATTACHED. NOTE: YOUR ADDRESS ON YOUR W-9 MUST MATCH YOUR BILLING ADDRESS.

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