

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

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

**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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