Healthchoice Ancillary/Facility Information Sheet

Healthchoice is an affiliate of Orlando Health.

You have demonstrated an interest in participation in the Healthchoice networks. Please complete the following information and return via fax to Theresa at (321) 843-6034. If you require any assistance, please call Theresa at (407) 481-7125. Please attach any additional information as needed. (If returning by mail, please send to 102 W. Pineloch Ave., Suite 23, Orlando, FL 32806.)

Ancillary or Urgent Care Provider Name:_____

Fax #:_____

Are you currently Participating in a Healthchoice Network? ___ **YES** ___ **NO**

If yes, please check appropriate boxes:

- **Healthchoice PPO** __
- **Healthchoice Select** __
- **Healthchoice Works (Workers' Comp)** __

Please list all counties you service:

- __ **Orange**
- __ **Seminole**
- __ **Osceola**
- __ **Lake**
- __ **Brevard**
- __ **W. Volusia**

Which products are you interested in?

- **Healthchoice PPO** __
- **Healthchoice Select** __
- **Healthchoice Works (Workers' Comp)** __

Please list all locations and services provided at each:

Location					**Services**
Address	**City**	**County**	**Zip Code**	**Office Hours**	

Please list your accreditation:

_____

_____

_____

Upon review of this information, we will follow-up with your contact person within 90 days.

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

Internal use only

Request Date: Recruit Initials:_____ Priority: 1 2 3 Comments:_____

_____