



Healthchoice Allied Mental Health Provider Information Sheet

Healthchoice is an affiliate of Orlando Health.

You have demonstrated an interest in participating in the Healthchoice Networks. Please complete the following information and return via fax to 321-843-6034. If you require any assistance, please call the provider line at (407) 481-7140. Please attach any additional information as needed. (If returning by mail, please send to 102 W. Pineloch Ave., Suite 23, Orlando, FL 32806.)

Name: _____ Professional Title: _____
 Group Name: _____ Psychiatric MD in Office: _____
(If Applicable) (Required)

Are you currently Participating in a Healthchoice Network? YES NO

Please list all counties you service:

If yes, please check appropriate boxes:

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

- Orange Lake
- Seminole Brevard
- Osceola W. Volusia

Which products are you interested in?

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

Please list your accreditations, if applicable:

Please list all office locations (attach separate list if necessary):

| Street Address | City, State | Zip Code | County | Services Provided at Location |
|----------------|-------------|----------|--------|-------------------------------|
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Please list your hospital privileges:

| Hospital 1 | Hospital 2 | Hospital 3 |
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Upon review of this information, we will follow-up with your contact person within 30 days.

Contact Name: _____
 Title: _____
 Phone: _____
 Fax: _____

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| Internal use only: Request <input type="checkbox"/> Recruit <input type="checkbox"/> Priority: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Initials: _____ Comments: _____ |
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