



1926 Northlake Pkwy, Suite 100 • Tucker, GA 30084  
ph 770.455.0040 • toll free 888.635.0459 • fax 678.990.1124  
Credentialing@ActivHealthCare.com

**MultiPlan AUTO LIABILITY OPTION FORM**

As a Participating Provider of ActivHealthCare, Inc., I, \_\_\_\_\_,  
(Print Provider's Name)

choose to (initial by your selection below):

\_\_\_\_\_ Opt In or Participate in the MultiPlan, PHCS and Beech Street networks. I understand that these networks include Group Medical, Auto Medical and Workers' Compensation product lines as stated on the Term Summary Sheet provided by ActivHealthCare.

\_\_\_\_\_ Opt Out or Not Participate in the MultiPlan, PHCS and Beech Street networks.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Tax ID #: \_\_\_\_\_ NPI # \_\_\_\_\_

Provider Phone # \_\_\_\_\_

NOTE: We need to receive one response per credentialed provider. If multiple providers are in the same practice, we need a separate form for each individual provider.

**Fax completed form to 678-990-1124**  
(No cover sheet is needed)

OR

Mail to above letterhead address