1926 Northlake Pkwy, Suite 100 • Tucker, GA 30084
ph. 770.455.0040 • toll free 888.635.0459 • fax 678-990-1124

Prime Health Services, Inc. Network Option Form

As a Participating Provider of ActivHealthCare, Inc., I, ____________________________________,
(Print Provider's Name)
choose to (initial by your selection below):

_______ I elect to Opt In or Participate in the Prime Health Services, Inc. network. I understand that these network include Group Medical, First Party Auto Medical (Med-Pay) and Workers' Compensation product lines as stated on the Term Summary Sheet provided by ActivHealthCare.

_______ I elect to Opt Out or Not Participate in the Auto Liability portion of the Prime Health Services Inc. network contract. **However**, I do elect to Opt In or Participate in the Group Medical and Workers' Compensation portions of the Prime Health Services, Inc. network contract.

_______ I elect to Opt Out or Not Participate in any portion of the Prime Health Services, Inc. network. I understand that by choosing to Not Participate, if applicable, ActivHealthCare will terminate my participation in the Group Medical and Workers' Compensation networks of Prime Health Network. The termination process from the existing Group Medical and Workers' Compensation products may take up to 90 days from the first of the month following your notification to ActivHealthCare. Also, I understand that I have the responsibility to notify my affected patients of this decision.

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.

If you have any questions, Please contact Mark Brickhouse: Phone 770-455-0040 x 108 or email MBrickhouse@ActivHealthCare.com.

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

OR

Mail to above letterhead address