

Payor Contact Information

Doctors you know. Hospitals you trust.



Payor Name: _____

Corporate Address: _____

Mailing Address: _____

DBA: _____

Phone: _____

Toll-Free Phone: _____

Fax: _____

Website: _____

Contract Administration

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Information Systems

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Customer Service

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

New Group Implementation

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Sales / Marketing

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Eligibility

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Claim Supervisor

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Accounting-Access Fees

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Completed By

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____



Please complete and fax to: Encore Client Management — Attn: Terri Spacke {tspacke@thcg.org}
at (317) 705-3241