

**Island Group Administration, Inc.**

**3 Toilsome Lane**

**East Hampton, NY 11937**

**Phone: (631) 324-2306 • 1-800-926-2306**

**Fax: (631)324-7021 • (631) 329-0152**

**Providers that you would like to have contacted for Participation**

**Directions:** Please fill in information for doctors, physician groups and/or practitioners not listed in our provider manual that you would like to become participants with Island Group Administration. We will contact them and ask if they wish to participate in our network.

**NAME OF INSURED:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**INSURED'S PHONE NUMBER:** \_\_\_\_\_

**NAME OF PATIENT(S):** \_\_\_\_\_

**PROVIDER INFORMATION**

**NAME OF PHYSICIAN/PROVIDER:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**PHYSICIAN/PROVIDER ADDRESS:** \_\_\_\_\_

**PHYSICIAN /PROVER TELEPHONE NUMBER:** \_\_\_\_\_

**SPEICALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY)** \_\_\_\_\_

**SECOND PROVIDER INFORMATION**

**NAME OF PHYSICIAN/PROVIDER:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**PHYSICIAN/PROVIDER ADDRESS:** \_\_\_\_\_

**PHYSICIAN /PROVER TELEPHONE NUMBER:** \_\_\_\_\_

**SPEICALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY)** \_\_\_\_\_

**THIRD PROVDER INFORMATION**

**NAME OF PHYSICIAN/PROVIDER:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**PHYSICIAN/PROVIDER ADDRESS:** \_\_\_\_\_

**PHYSICIAN /PROVER TELEPHONE NUMBER:** \_\_\_\_\_

**SPEICALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY)** \_\_\_\_\_