

Immergrün, Inc.
7318 International Dr., Ste D
Holland, OH 43528

Phone: 1-800-333-3561

Fax: 419-535-1527

Immergrün, Inc Provider Participation Form

Name: _____

Practice Name: _____

Specialty: _____ Tax ID _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office Contact: _____ Title _____

Phone: _____ Email: _____

Hospital/Outpatient Surgery Center Affiliations: 1. _____

2. _____ 3. _____

Billing Information:

Billing and practice information are the same.

Billing address is different. Please provide address.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Please complete this form and mail to the above address or fax to 419-535-1527.

Please include the following documentation for our files: 1) Photocopy of your current Medical License Wallet card, and 2) Photocopy of current malpractice policy.

Upon receipt of the completed form and documentation a Physician Letter of Agreement will sent to you for your review and signature.

Signature: _____ Date: _____

Office use only:

License Malpractice LOA Mailed _____ LOA Received
