

# Confidential Fax



Please fax to Upper Peninsula Health Plan to avoid billing delays

**To:** Upper Peninsula Health Plan  
Attn: Credentialing

**From:**

**Fax:** (906) 225-7690

**Pages:** 1

**Phone:** (906) 225-7843

**Date:**

**Re:** New Mental Health Provider

Please type or print clearly

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## Provider Information:

Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Specialty: \_\_\_\_\_ License Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## Billing Information:

Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Confidentiality Notice

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