



IMPORTANT INFORMATION

RE: 4 YOUR CHOICE PROVIDER NETWORK

4 Your Choice Provider Network has made every effort to contract with your current physician. To verify your physician's participation in the network, please log onto **4yourchoice.net** and click on Provider Directory. Under Search, insert your physician's name. If your provider is not listed, please complete the information below and submit this form to your Benefit's Specialist.

If you do not have access to the internet, please call (866) 202-0505 and a *4 Your Choice* representative will assist in confirming that your provider has been contracted.

Physician Name _____

Physician Address _____

Physician Phone _____

Physician Specialty _____

Please be aware that the credentialing process can take up to 4 months for completion. Please also understand that some providers may decline participation in the *4 Your Choice Provider Network*.

Contact Name: _____

Contact Number: _____