



Medicare Advantage Third-Party Agreement Notification Form

Use this form to formally notify Aspirus Health Plan Medicare Advantage Plans of your contractual agreement with a billing intermediary, pharmaceutical company or pharmaceutical assistance program. This form should also be used when you need to make any changes, updates or terminations to the third parties you are contracted with to represent you.

Please allow 30 calendar days for your request to be completed.

Email completed form to providerassistancecenterMA@aspirushealthplan.com. Incomplete forms will be returned without processing.

For status checks and questions, please contact Aspirus Health Plan’s Provider Assistance Center at 715-631-7412 or 1-855-931-4851 toll free.

This form formally notifies Aspirus Health Plan of your contractual agreement with an intermediary (type listed below).

Type of Intermediary:

- Third-Party Biller Pharmaceutical Company Pharmaceutical Assistance Program

Indicate the level of access granted:

- Patient / Claim Information Financial Reporting Banking / Remittance Updates
 Location / Practitioner Updates

<input type="checkbox"/> Check here to add a new intermediary	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:

<input type="checkbox"/> Check here to term an intermediary on file with us	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:

<input type="checkbox"/> Check here to update intermediary information on file with us	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:



Provider Statement: *I certify that the information on this form is true and correct. I will notify Aspirus Health Plan of any changes to this information.*

Location / Provider Name:	
Tax ID #:	NPI #:
Contact Person (Please Print):	Phone #:
Contact Title:	Email:
Contact Signature:	Date: