



Provider Notification/Change/Update/Termination Third-Party Agreement

Use this form to formally notify Aspirus Health Plan 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.

By notifying Aspirus Health Plan of your agreement with the third party, you are giving Aspirus Health Plan permission to release patient information and giving Aspirus Health Plan permission to only release claim information to third-party billing intermediaries to reconcile open Aspirus Health Plan members' accounts.

Third-Party Biller
Notification

Pharmaceutical Company
Update

Change

Pharmaceutical Company Assistance Program
Termination

Third Party

Organization Name:

Effective Date:

Address:

City:

State:

Zip:

Phone Number:

Fax Number:

New Information (Change, Update, Termination)

Organization Name:

Effective Date:

Address:

City:

State:

Zip:

Phone Number:

Fax Number:



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.

Name (First and Last):

Title:

Signature:

Date:

Contact Person:

Phone #:

Facility Name:

NPI #:

Tax ID #:

Completed forms should be emailed to: providerassistancecenterMA@aspirushealthplan.com

Questions?

If you have further questions, please call Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or 1-855-931-4851 toll free.