

# PRIVATE PAYER RESEARCH

For questions please contact us at 866-369-9290 or [DUSA@dusadelivers.com](mailto:DUSA@dusadelivers.com)

## PROVIDER INFORMATION

PRACTICE NAME	PHYSICIAN NAME
CONTACT NAME	CONTACT PHONE NUMBER
PROVIDER EMAIL ADDRESS	DUSA TERRITORY MANAGER EMAIL ADDRESS
PROVIDER ADDRESS (STREET, CITY, STATE, ZIP CODE)	COUNTY
BILLING ADDRESS (STREET, CITY, STATE, ZIP CODE)	COUNTY
TAX ID	NPI

## PARTICIPATING PLAN INSURANCE INFORMATION

<b>1</b>	INSURANCE COMPANY NAME
	PROVIDER NUMBER
	INSURANCE COMPANY PHONE
	CUSTOMER SERVICE REP NAME (IF KNOWN)   PHONE
<b>2</b>	INSURANCE COMPANY NAME
	PROVIDER NUMBER
	INSURANCE COMPANY PHONE
	CUSTOMER SERVICE REP NAME (IF KNOWN)   PHONE
<b>3</b>	INSURANCE COMPANY NAME
	PROVIDER NUMBER
	INSURANCE COMPANY PHONE
	CUSTOMER SERVICE REP NAME (IF KNOWN)   PHONE
<b>4</b>	INSURANCE COMPANY NAME
	PROVIDER NUMBER
	INSURANCE COMPANY PHONE
	CUSTOMER SERVICE REP NAME (IF KNOWN)   PHONE
<b>5</b>	INSURANCE COMPANY NAME
	PROVIDER NUMBER
	INSURANCE COMPANY PHONE
	CUSTOMER SERVICE REP NAME (IF KNOWN)   PHONE

**Please fax completed form to The Pinnacle Health Group at 215-369-9198**