



LETTER OF INTENT

YES, I/we do want to participate in the Plans checked here:

- Saint Mary's HealthFirst HMO
- Saint Mary's Preferred Health Care Network PPO and Saint Mary's Health Choice PPO
- Saint Mary's CompChoice

Signed: _____ Date: _____

(Please Print)

Name: _____

Name of Group: _____

Physical Address: _____

Phone: () _____ Fax: () _____

Mailing/Billing Address (if different from above): _____

Phone: () _____ Fax: () _____

Specialty: _____

Secondary Specialty: _____

Tax Identification Number: _____

Board Certified: Yes No If "Yes," What Specialty?: _____

Is W-9 Tax Identification Form Attached? Yes No

* * * * *
Please FAX completed statement along with a completed W-9 Tax Identification Form to:

Saint Mary's Health Plans Contracting Department – Fax Number (775) 770-3823
or
Return to Saint Mary's Health Plans at 1510 Meadow Wood Lane, Reno, NV 89502.