



If there is a physician or other health care provider whom you think we should add to our POMCOGroup network, just complete and submit this form to let us know. We will contact them and invite them to become a POMCO Group preferred provider. Required fields are noted with an *. All other fields are optional.

If you are asking us to recruit a facility (such as a hospital) then please give us the facility name. Otherwise, give us the individual provider's first and last names.

First Name * _____ Facility Name * _____

Last Name * _____ Tax ID _____

Mid Initial _____

Degree(s) _____

Group or Practice _____

Provider Type * Health

Specialty * _____

Address * _____

City * _____

State * _____

Zip Code* _____

Area Code & Phone # * _____

Your Name * _____

Your POMCO Group Name or # _____

Can we mention your name when we contact the provider? * Yes No

Other Comments: _____

Please mail completed form to:

POMCO Group
Director of Network Management
Provider Services
2425 James Street
Syracuse, NY 13206

Would you like us to contact you: Yes No

Name _____

Address _____

Area Code & Phone # * _____

Email address _____