



## VIP Care

Coverage by AmeriHealth First.

### Medicare provider request form

Please send request as soon as possible via fax (1-215-937-7328).

Provider's first name		Provider's last name	
Provider's complete address			
City	State	County	ZIP code
Provider's fax number	Phone number		Point of contact

Date of request		
<b>Member or enrollee requesting</b>		
First name	Last name	Phone number
<b>Employee requesting</b>		
First name	Last name	Phone number
<b>Broker requesting</b>		
First name	Last name	Phone number
<b>Provider's office requesting</b>		
Caller's first name	Caller's last name	Phone number