Allied Insurance Solutions (AIS)
601 South 32nd Avenue
Wausau, WI 54401
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Network Application

Nonaffiliated Chiropractors interested in affiliation with Security Health Plan must complete this form for consideration. Note: The practice must be established prior to the request for affiliation.
For questions, contact listed AIS phone numbers above.

Provider/Practice Affiliation Request

Practice Name _____

Specialty_____

Unique Services _____

Contact Person_____

Months/Years in Business _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:**_____

Practice Email: _____

Electronic Health Records: Yes_____ **No** _____

NPI Individual: _____ **NPI Group:** _____

Do you accept Medicare?

_____

Are you accepting New Patients?

_____

Which of the following products are you requesting affiliation with?

- □ **Medicare Advantage**
- □ **Commercial (large and small employer, individual and family, Medicare Select)**

Clinic Manager:_____ Email:_____

Individual Provider Information *(If your request for affiliation is approved, a credentialing application will be sent electronically to the email address provided).*

Provider Name & Credentials	*Date of Birth*	*NPI*	*email address*
1.			
2.			
3.			
4.			

List top 10 CPT codes and billing charge for the CPT code:

CPT Code	**Charge**	**CPT Code**	**Charge**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____

Please attach information that demonstrates why you should be considered for Affiliation.

Name of Clinic Compliance Specialist _____

Email and Phone# _____

_____ _____

Signature Date submitting