

NON-PARTICIPATING PROVIDER VERIFICATION FORM

In order to process your most recent authorization and/or claim, please complete and fax this form to Affinity at 718-536-3315 within three (3) days of receipt. In addition, please attach W9 form.

Provider Name

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If you have more than one office and/or billing office, please complete the next page.

Provider Office Information (Secondary Office)

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Office Na	me:									Address, City, State and Zip:
Office NPI:										
Phone Number:										Fax Number:
Contact Person & Title:	,,	-11	-11	-11						
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Office Na	me:									Address, City, State and Zip:
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