

Island Group Administration, Inc.
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East Hampton, NY 11937
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www.islandgroupadmin.com

Providers that you would like to have contacted for Participation

Directions: Please fill in information for doctors, physician groups and/or practitioners not listed on our website, that you would like to become participants with Island Group Administration. We will contact them and ask if they wish to participate in our network.

NAME OF INSURED: _____ **ISLAND GROUP ID #** _____

INSURED'S PHONE NUMBER: _____

NAME OF PATIENT(S): _____

PROVIDER INFORMATION

NAME OF PHYSICIAN/PROVIDER: _____

GROUP NAME: _____

PHYSICIAN/PROVIDER ADDRESS: _____

PHYSICIAN /PROVER TELEPHONE NUMBER: _____

SPECIALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY) _____

SECOND PROVIDER INFORMATION

NAME OF PHYSICIAN/PROVIDER: _____

GROUP NAME: _____

PHYSICIAN/PROVIDER ADDRESS: _____

PHYSICIAN /PROVER TELEPHONE NUMBER: _____

SPECIALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY) _____

THIRD PROVIDER INFORMATION

NAME OF PHYSICIAN/PROVIDER: _____

GROUP NAME: _____

PHYSICIAN/PROVIDER ADDRESS: _____

PHYSICIAN /PROVER TELEPHONE NUMBER: _____

SPECIALTY: (EXAMPLE – FAMILY PRACTICE, UROLOGY, PHYSICAL THERAPY) _____