



New Provider Information

Provider Name:

Mailing Address:

Phone Number:

Contact Person:

Tax ID (EIN):

State of Idaho license (if applicable) #:

Make check payable to:

Effective Date:

Additional Notes:

*Acupuncturist must be State Licensed. All providers will receive a 1099 yearly.

*This form must be completed by the provider for all III-A member acupuncture claims and submitted to
III-A Benefits Manager for payment: claims@iii-a.org*