

Direct Contract Request Form

This form is intended to provide J.P. Farley Corporation notice of a provider's or facility's desire to enter into a formal direct contracting agreement. Following the completion of this form, the J.P. Farley contracting department will work with the provider's representative to discuss a direct contract agreement.

PROVIDER INFORMATION			
Full Legal Name (Provider/Facility):			
Street Address:	City:	State:	Zip:
Office Phone: () -	Fax: () -		
CONTACT INFORMATION			
Full Name:	Title:		
Email Address:	Department:		
Street Address:	City:	State:	Zip:
Office Phone: () -	Direct Phone: () -	Fax: () -	
INITIAL INFORMATION			
Is this direct contract desired in connection with a specific plan/employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what company/plan sponsor(s) do you wish to make this Agreement with?			
Are there specific contractual terms that you would like to propose? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details regarding the specific proposed terms:			
Proposed date for Agreement terms to begin on: ____/____/____			

Return this information to J.P. Farley at the above address or via email at benefits@jpfarley.com.
Attention: Provider Contracting