



**Provider Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Deadline to submit: Friday, February 3, 2017**

I do not accept the following HMSA insurance plans:

☐ HMO/PPO

☐ Akamai Advantage

☐ Quest

Scan and send to Joyce at [jvital@ehiipa.com](mailto:jvital@ehiipa.com) or FAX to 808-935-4472