Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Change Request: Group Medical Director Listing

Medical Group ID*

IDN*

Medical Group*

Medical Director Name*

Title*

Address*

Phone*

Fax*

Email*

Is this MD responsible for organization determinations?* YES NO

If not, please fill in for the individual responsible:

Name:

Title:

Address:

Phone:

Fax:

Email:

If required fields are not filled in, request will not be processed. * *required field*

Please submit requests to tmp_medical_directors@point32health.org