1966 Greenspring Drive
Suite 100
Timonium, MD 21093

Please complete the information below to assist with future provider related questions:

Clinic/Group Name:_____

Main Contact Person:_____Title:_____

Phone:_____Fax:_____

Email:_____

Credentialing Contact:_____Title:_____

Phone:_____Fax:_____

Email:_____

Billing Contact:_____Title:_____

Phone:_____Fax:_____

Email:_____

Medical Records Contact:_____Title:_____

Phone:_____Fax:_____

Email:_____

When complete, please send this correspondence to:

provider@ummshealthplans.com

Fax: 410-779-9389