PLAN DE SALUD MENONITA

PROVIDER network solutions PUERTO RICO

Roster Disclosure

***Billing Legal Name:** _____

***Billing NPI:** _____

***Billing Tax Id:** _____

***Roster:**

Rendering NPI	Provider Full Name:	#Social Security	Specialty

*Authorized Official Signature: _____

*Date: _____

Note: *All the sections with an * are required that are completed*.