



We care to make a difference

Please fax the completed form to The Pinnacle Health Group at 215-369-9198.

PROVIDER INFORMATION

Practice Name Physician Name
Contact Name Contact Phone Number
Provider Email Address Sun Dermatology Territory Manager Email Address
Provider Address (Street, City, ZIP Code, Country)
Billing Address (Street, City, ZIP Code, Country)
Tax ID NPI

PARTICIPATING PLAN INSURANCE INFORMATION

1 Insurance Company Name
Provider Number
Insurance Company Phone
Customer Service Rep Name (if known) Phone
2 Insurance Company Name
Provider Number
Insurance Company Phone
Customer Service Rep Name (if known) Phone
3 Insurance Company Name
Provider Number
Insurance Company Phone
Customer Service Rep Name (if known) Phone
4 Insurance Company Name
Provider Number
Insurance Company Phone
Customer Service Rep Name (if known) Phone
5 Insurance Company Name
Provider Number
Insurance Company Phone
Customer Service Rep Name (if known) Phone

For questions please contact us at 866-369-9290 or visit SunAccessSupport.com. Please fax the completed form to The Pinnacle Health Group at 215-369-9198.

