

**THIRD PARTY INSURANCE SUMMARY FORM**  
*(Therapy Providers Only)*

Provider Name \_\_\_\_\_ DBA \_\_\_\_\_

**PLEASE READ:** Service Provider agrees to seek enrollment with all applicable private insurance plans and to submit a Private Insurance Enrollment Summary Form to the UF NCES Fiscal Team annually. Service provider agrees to reattempt enrollment annually with all applicable private insurance plans with whom past attempts have been unsuccessful.

I am currently enrolled as a provider with the following insurance plans (check all that apply):

- Blue Cross Blue Shield**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- AvMed**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- Cigna**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- TriCare**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- Aetna**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_

Please list any other plans (any accompanying information) with which are you enrolled:  
\_\_\_\_\_  
\_\_\_\_\_

For those with whom you have NOT become enrolled, please provide us with the following information:

- Blue Cross Blue Shield**
- I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_
  
  - I applied to become enrolled with this plan on \_\_\_\_\_ (date).

Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

**AvMed**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

I applied to become enrolled with this plan on \_\_\_\_\_ (date).  
Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

**Cigna**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

I applied to become enrolled with this plan on \_\_\_\_\_ (date).  
Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

**TriCare**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

I applied to become enrolled with this plan on \_\_\_\_\_ (date).  
Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

**Aetna**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

I applied to become enrolled with this plan on \_\_\_\_\_ (date).  
Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_