



## Request Credentialed Status

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\*Partially completed forms may not be able to be processed

Practice Name		Tax ID	
Group NPI		Date	
Submitted by		Phone	
Title		Email	

### Providers Requested

	Name	NPI
1		
2		
3		
4		
5		
6		
7		

You should receive an emailed response within five (5) business days. We will send along any necessary credentialing application documents with our response.

Please print this and mail to: Allegiance Benefit Plan Management, Inc.  
- C/O Provider Relations - P.O. Box 3018 - Missoula, MT 59801-7703  
or fax to (406) 523-3139