

Elderplan  
745 64<sup>th</sup> Street  
Brooklyn, NY 11220

Date

Manager  
Business Development, Elderplan

I, the undersigned health care professional, having an agreement directly with Network Solutions IPA (“IPA”), agree to be a participating provider in the network of providers maintained by Elderplan.

By signing this Healthcare Professional Opt-In Form:

1. I agree to be bound by the Independent Providers Association agreement between the IPA and Elderplan at the locations listed below; any prior direct contract between myself and Elderplan for these locations will be null and void
2. I understand that this agreement applies to me and all of the services I provide in all my practice arrangements and for all my tax identification numbers, except that if my services are covered under a direct agreement between Elderplan and a medical group that I am a part of without the participation of the IPA; services I provide through that medical group will be subject to that other agreement
3. I acknowledge that I am subject to credentialing by the IPA and Elderplan and must be approved, in writing, for participation by them before rendering Covered Services to Elderplan members.

I wish to participate in the agreement of Network Solutions IPA with Elderplan

Or

I decline to participate in the agreement of Network Solutions IPA with Elderplan

**Participating Locations:**

Address	Tax ID

**Name:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_