



SIGN UP YOUR DOCTOR / HOSPITAL

Dear Insured: To request your provider become a USA Managed Care Organization preferred provider, please take a moment to print, complete the form in its entirety and email to ProviderMarketingInfo@usamco.com or fax to (512) 306-1369. A USA representative will contact your provider to invite them to join the Network.

Provider Name: _____
(MD, DO, PhD, Other)

Specialty(ies): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Provider's contact name: _____

Insured's Name: _____ Phone: _____

Employer's Name: _____

Insurance Co.: _____

Next scheduled Appointment: _____

Comments: _____

* Although USA will make every attempt to contract with a requested healthcare provider, this is NOT a guarantee of provider participation. All healthcare providers must meet USA's credentialing standards prior to acceptance into the network.