



# Providence

## Medicare Advantage Plans



# CONTRACTING REQUEST FORM

## Welcome to Providence!

*Please print legibly.*

**Appointment Type:**  Medicare Advantage

**States to Contract:**  CA

**Are you currently contracted in OR/WA with Providence Medicare Health Plans?**   
If so, please return a copy of your CA state insurance license with this form.

*\*Online contracting invitations are sent to email provided below*

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

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

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_

**NPN:** \_\_\_\_\_

**Please email completed forms to:**  
**admin@brightstarins.com or fax to 1-855-909-7827**