



## **Link Healthcare - Link Choice**

# **PROVIDER APPLICATION**

### **Introduction**

The Link Choice program is a set of highly discounted “members only” health services offered by the local provider community to employers and individuals without access to traditional health insurance. It is not an insurance program. The program is comprised of a schedule of highly discounted services that are provided to members through participating providers. The program provides for hospital, physician, pharmaceutical, and other services. The range of services offered is limited to the services that can be provided by participating providers. The services available under the program and participating providers are listed in the discount schedule and the user guide.

The goal of the program is to make high quality health care services accessible to those who do not currently enjoy access to health services through an insured health plan. This program is subsidized through the providers that participate in the program.

An access fee is charged to become a member of the program. The access fee is computed on the basis of a monthly amount per person (member) covered under the program. The member is required to pay a minimum payment per service provided under the program. A complete listing of services and prices is provided with the program. Full payment of the minimum amount is required at the time of service for non-emergency services.

### **Application**

The information requested in this application is solely for the purpose of administering the Link Choice discount program. The information will only be used in support of this program and will not be shared with any other parties for any other purposes. The information must be filled out completely and accurately. This application also describes the terms of service and represents your agreement to abide by those terms.

We provide full time customer support for the Link Choice discount program to both you and the employer. For issues associated with this application or any other aspect of the Link Choice discount program please contact us at 570-723-0710.

### **Instructions**

1. Read the instructions carefully.
2. Complete the application in its entirety. Please call us if you need assistance.
3. Mail the completed application with other enclosures to the address provided to the right.

**Link Healthcare**  
**114 East Ave.**  
**Wellsboro, PA 16901**  
**570-723-0710**

## **MY SIGNATURE INDICATES THE APPLICATION IS COMPLETE AND ACCURATE**

***Your name and signature must be provided.***

SIGNATURE:

TITLE:

NAME (PRINTED)

DATE:

# Link Healthcare - Link Choice PROVIDER APPLICATION

Note: selected items will be posted on the [www.linkhealthcare.com](http://www.linkhealthcare.com) website.

## BUSINESS INFORMATION

Business Name

Address 1

City                      St      Zip  
       

County

Phone Number                      Ext.  
                     

Fax Number

Tax Identification Number

Web Site Address

## BILLING ADDRESS

Business Name

Contact Name

Address 1

Address 2

City                      St      Zip  
       

Phone Number                      Ext.  
                     

Fax Number

Email

## PRIMARY CONTACT

Name

Address 1

Address 2

County

City                      St      Zip  
       

Phone Number                      Ext.  
                     

Fax Number

Email

## TYPE OF PROVIDER

Medical/Surgical Hospital

Other Type of Institution

Physician

Dentist

Optician or Optometrist

Other Type of Professional Services

Other Comments or Instructions:

## PRIMARY LOCATION

Business Name

Contact Name

Address 1

Address 2

County

City                      St      Zip  
       

Phone Number                      Ext.  
                     

Fax Number

Email

## PRIMARY LOCATION

Business Name

Contact Name

Address 1

Address 2

County

City                      St      Zip  
       

Phone Number                      Ext.  
                     

Fax Number

Email