

BestComp, Inc.

Hospital and Ancillary Application Request Form

If you would like to apply for participation in BestComp, Inc., please complete the following form and fax it to the Provider Relations Department at 225-755-5702.

If you have any questions, please call BestComp at 225-755-1735

Facility Name: _____

Facility Type or Specialty: _____

TIN: _____

Contracting Contact: _____

Contact Phone Number: _____

Fax Number: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Website Address: _____

Comments: