

BestComp, Inc.

Physician 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

First Name: _____

Middle Initial: _____

Last Name: _____

Degree: _____

TIN: _____

Primary Specialty: _____

Secondary Specialty: _____

Contracting Contact: _____

Contact Phone Number: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Comments: