



Please return completed forms to:
 1.Fax Number: 315-448-9129
 2.Email: psd@lifetimebenefitsolutions.com
 3.Mail: Lifetime Benefit Solutions
 ATTN: Provider Services Department
 333 Butternut Drive
 Syracuse, NY 13214

The fields located in the box below are required for Group Practices

Group Name (if applicable)*: _____

Group NPI #1 (if applicable): _____ Office Contact Person: _____

Group NPI #2 (if applicable): _____ Office Telephone Number: _____

**Group Name must match the name used for IRS reporting.*

Tax ID	Individual NPI	Specialty	Provider Last Name	Provider First Name	Title (MD, OD, etc)

*** This form serves as notification that the providers listed above obtained a National Provider Identifier***

The cure for benefits as usual.

