



Dear Provider:

Thank you for your interest in becoming a participating provider in the Lifetime Benefit Solutions network. Please complete the form below and either fax or mail directly to Lifetime Benefit Solutions at:

Lifetime Benefit Solutions

Attn: Provider Services Department
333 Butternut Drive
Syracuse, NY 13214

Fax #: 315-448-9129

Please note: Lifetime Benefit Solutions is a subsidiary of the Excellus Health Plan. For medical providers, if you are currently credentialed with Excellus and/or Univera Networks, then you are a participating provider with Lifetime Benefit Solutions. Dental providers can also credential with Lifetime Benefit Solutions separately.

Please send me an application for participation as a provider with Lifetime Benefit Solutions Network. My practice information is included below.

Date: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Specialty: _____

Hospital affiliation(s):

Office contact: _____

Tax identification number: _____

NPI#: _____

The cure for benefits as usual.

