

## Request for Information

NICA  
ATTENTION: TRACY  
Post Office Box 14567  
Tallahassee, FL 32317  
850-488-8191 phone 850-922-5369 fax  
[www.nica.com](http://www.nica.com)

### PARTICIPATING PHYSICIANS

To ensure proper delivery of your certificate we requesting all participating physicians fill out this form. For a group of doctors you may fill out one form and attach a list with the doctor names and licenses numbers. It is important that you also provide a contact person that we may call if we have questions regarding a doctor's account.

Thank you for your cooperation.

### General Information

Name of Doctor(s): \_\_\_\_\_

\_\_\_\_\_

Medical License Number(s): \_\_\_\_\_

Name of Medical Office: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(No PO Boxes please)

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Please provide a contact person that we may call or e-mail if we have questions regarding a doctor's account.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_