



CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTH CARE PROFESSIONAL FORM

1. CONFIRM



By signing below I am confirming that my main doctor or other health care professional – or the main place I go to for routine medical care – is Village Health, a Vively Health provider.

Patient Name

Signature

Print Name

____ / ____ / ____
Date

____ - ____ - ____
Medicare Beneficiary Identifier (MBI)

Note: If the names listed above and in the attached letter are incorrect do not sign this form. If you would like to receive a new form with a different doctor, other healthcare professional, or practice listed, please call Vively Health at 833-928-2700 to request a new form.

2. RETURN



Return this form in the envelope that we provided.

All forms will be mailed to Vively Health, 2000 16th St., Denver, CO 80202

Note: Completing and returning this form is voluntary. It won't affect your Medicare benefits.