

PAEC Specialty Physicians/ Ancillary Provider Request

District _____ City _____

District Contact _____ Phone Number _____

E-Mail _____ Fax _____

Facility Name _____

Facility Address _____

Facility Phone _____ Contact Person _____

Please fax to (888) 405-3100 Attention: Tim Boozan or E-mail tboozan@johnseastern.com. If you have any questions please call Tim Boozan at (800) 749-3044 ext. 380.