

The ActiGraft Coverage Support Program

Enrollment Form

Enroll online at <https://priaenrollment.com/actigraft> OR send this completed form via fax or email.

PRACTICE INFORMATION		
Practice Name:		
Phone:		
Fax:		
Address:		
Tax ID:		
NPI:		
PTAN:		
PHYSICIAN #1 INFORMATION		PHYSICIAN #2 INFORMATION
Physician Name:		
Physician NPI (if applicable):		
Tax ID:		
ActiGraft Sales Representative:		
PRIOR AUTHORIZATION/APPEAL COORDINATOR CONTACT INFORMATION		
Name:		
Email:		
Direct Phone:		Extension:
Fax:		
FACILITY INFORMATION		
Facility Name:		
Facility Address:		
Facility Phone:		
Facility Fax:		
Facility Tax ID:		
Facility NPI:		
ONBOARDING CALL AVAILABILITY		
Option #1:	Day:	Time:
Option #2:	Day:	Time:
Option #3:	Day:	Time:

<https://priahealthcare.my.site.com/actigraft>

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F 860.407.0352

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ActiGraft