

Provider Contact Log

Health Carrier Information

Carrier Name	
Representative Name	
Representative Title	
Representative Phone Number	
Representative Email	

Provider Information

Provider/Facility Name	
Representative Name	
Representative Title	
Representative Phone Number	
Representative Email	

Contact Date	Contact Type	Contact Results/Summary of Contact*

*Attach all evidence of good faith that supports your summary of contact. This can include but is not limited to emails and phone logs.