



## Requesting a Copy of Our Provider Agreement

6/27/2018

Aetna  
Attn: Vanessa Rodriguez  
8401 Datapoint Dr.  
Suite 203  
San Antonio Texas 78229  
Phone: (555) 555-5555  
Email: Vanessa@aetna.com  
Fax: (444) 444-4444

Dear Vanessa Rodriguez,

Please send a copy of the original Provider Agreement as signed and executed between MyPractice and Aetna.

Please also include with the original Agreement:

- copies of any and all exhibits, attachments, addenda, and appendices made part of that Agreement,
- copies of any and all Amendments issued upon or following execution of the Agreement,
- copies of any and all Notices informing this practice of each modification, including the date that each modification was effective.

Thank you for your timely attention to this matter.

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MyPhysician  
Provider NPI: 1234567890  
Tax ID: 12-3456789