



Requesting a Copy of Our Provider Agreement

12/26/2019

Aetna
Attn: Vanessa Rodriguez
8401 Datapoint Dr.
Suite 332
San Antonio, Texas 78229
Phone: (877) 464-3005
Email: Vanessa@aetna.com
Fax: (877) 464-2064

Dear Vanessa Rodriguez,

Please send a copy of the original Provider Agreement as signed and executed between My Practice 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.

My Physician
Provider NPI: 1234567890
Tax ID: 12-3456789