

## Provider Questionnaire

**MorganWhiteAdministrators, (TPA for the Group Accident Plan) wants to go the extra mile to insure that you and your customers are happy with their policy.**

Please list below the hospitals that you feel your client will be using.

MorganWhiteAdministrators will send a letter to each of these hospitals explaining: who we are, that you just wrote a group in their area, how the Plan works, how to file a claim and who to contact if they need help or have questions.

Name of Group \_\_\_\_\_  
Agent's Name \_\_\_\_\_  
Agent's phone # \_\_\_\_\_

Name of Hospital	Address	Phone #

Other providers you want us to contact
