



Change Form:

Provider Preauthorization Exemption Correspondence Preference Form

Keep Sendero up to date about your preferred method of receiving preauthorization exemption correspondence:

Name of physician or provider _____

NPI of physician or provider _____

Name of your preferred contact person _____

How do you prefer to receive preauthorization exemption correspondence from Sendero Health Plans?

(select just one below. If more than one choice is checked, we will use the first method checked. If no choice is selected, we will default to the fax number on file in Sendero credentialing records)

Fax number: _____

OR

Mailing address: _____

OR

(PRINT)

Email address: _____

(PRINT)

Signature of Physician or Provider _____ **Date** _____

Fax this notice with any changes to Sendero at (512) 901-9724.