



TO: Atlantic Imaging Group Members

**FROM: Nancy Fais, RN, NSN, CCM
VP of Network Development**

DATE: January 14, 2004

RE: Updating Provider Information

Dear Preferred Atlantic Imaging Group member,

In accordance with our Agreement, we request timely written notification of any of the following changes:

- **Change of Name**
- **Change of Ownership**
- **Change of Address**
- **Change of Tax ID**
- **Facility Closure**
- **Hours of Operations**
- **Services Provided**
- **Reading Radiologists**

In an effort to expedite our re-credentialing efforts, we ask that you send or fax a copy of the following:

- 1. Malpractice insurance face sheet for all Radiologists.**
- 2. General Liability Insurance for your Facility.**

Please fax these documents to 973-451-9541. If you have any questions or concerns regarding fax or email updates, please do not hesitate to call me at 973-451-8235.