

Alabama providers who change/add a practice location must complete a new Provider Location Exhibit in accordance with their Participation Agreement and Section 3 of the Alabama Regulatory Requirements Appendix.

The full Participation Agreement and Appendix can be found in the Join Our Network section of ubhonline.com.

**Please complete the attached form with any address changes or additions and fax to Network Management at:
414-615-4217**

Provider Locations Exhibit

This Provider and Subcontractor Locations Exhibit (the "Exhibit") is made part of the Agreement entered into between United Behavioral Health ("UBH") and the health care professional or entity named in the Agreement ("Provider").

In accordance with Section 3 of this Appendix, the Provider practices at the following locations (include street address, city, state, zip code, phone number, secure fax number, and tax identification number for each location):

- 1. Provider/Group Name** _____
(Street Address) _____
(City, State, Zip code) _____
(Phone and Secure Fax number) _____
(Tax Identification Number (TIN)) _____
(Group Name Associated with the TIN) _____

- 2. Provider/Group Name** _____
(Street Address) _____
(City, State, Zip code) _____
(Phone and Secure Fax number) _____
(Tax Identification Number (TIN)) _____
(Group Name Associated with the TIN) _____

- 3. Provider/Group Name** _____
(Street Address) _____
(City, State, Zip code) _____
(Phone and Secure Fax number) _____
(Tax Identification Number (TIN)) _____
(Group Name Associated with the TIN) _____