Southern California Physicians
MANAGED CARE SERVICES

Letter of Interest Data Sheet

Today's Date	
Provider Name:	
Specialty:	
Address (street, city, zip):	
Telephone:	
Fax Number:	
Email:	
Office Contact Name:	
Region of interest:	☐ Scripps Physicians Medical Group ☐ MidCounty Physicians Medical Group
Hospital Privileges:	
Ambulatory Surgery Center Privileges:	
Board Certified:	☐ Yes ☐ No ☐ Eligible
Individual NPI:	
Organization NPI:	
Tax ID	
Current medical group affiliation(s):	
Member of group or individual:	

Please submit this form and a Provider Relations Representative will contact you,

Thank you for your interest.

Send your completed form to:
Southern California Physicians Managed Care Services
ATTN: Network Management
6760 Top Gun Street, Suite 100
San Diego, CA 92121

or fax to: **(858) 824-7118**