



## Asuris TruAdvantage Annual Wellness Visit Program Enrollment Form

**Instructions:**

This form should be **typed or legibly printed in black ink.**

Return the completed form to:

**Email: [AnnualWellnessVisit@Asuris.com](mailto:AnnualWellnessVisit@Asuris.com)**

Asuris Northwest Health  
PO Box 1271 – M/S E10M  
Portland, OR 97207-1271

**Fax:** 1 (888) 891-0768

If you have any questions, contact Asuris Provider Services at 1 (800) 562-2156.

**Please provide the following office information**

Name of provider

Office tax identification number

**Please designate one office address (or post office box) to receive payments**

Office street address (include suite number)

Office street address (include suite number) line 2

City

State

ZIP code

**Contact information**

Name

Phone

Email address

To be eligible for AWV reimbursement, documentation for wellness visits must substantiate that the provider addressed all CMS-required components of the AWV as indicated on our *Provider Web Site* at <http://www.asuris.com/provider/cost-and-quality/wellness-visit-program>.

To be eligible for AWV reimbursement, documentation must be received within 60 days of the date charts were initially requested.

**Thank you for participating in the Annual Wellness Visit Program.**

Reimbursement for submitted annual wellness visit encounter documentation will be sent quarterly.

*Revised December, 2011*