

## APO Contract Copy Request Form

**This form is for current contracted Florida Blue Accountable Provider Organizations (APO) only. This is not a request for a group or facility contract copy.**

To request a copy of your current Florida Blue APO contract, please complete the information below. An email address is required. Electronic copies will be sent through secured email.

Date \_\_\_\_\_

### APO Information

Name of APO	APO Number	APO Tax Identification Number
Telephone Number	Email (required to obtain a complete contract)	
Contact Name		

### APO CONTRACT REQUEST

- Basic Agreement
- Amendment      Please specify the amendment number: \_\_\_\_\_
- Roster Acknowledgement      Please specify the roster year: \_\_\_\_\_

### APO-Authorized Signature Required for Release of Information

This request must be signed by the APO-authorized signatory (the person whose signature appears on your Florida Blue contract) or Owner, Administrator, CEO, or CFO. If the below signor is not one of these legally authorized representatives, you must send **this request and a letter** on your letterhead including the APO name, APO number, TIN, date, and the new signatory's name, title, and signature for the group **for each request**.

Authorized Signature \_\_\_\_\_

Signer's Name (*please print*) \_\_\_\_\_

Signer's Title \_\_\_\_\_