



P4P  
INLAND EMPIRE HEALTH PLAN  
P.O. Box 19026  
San Bernardino, CA 92423-9026



A Public Entity



## **PAY FOR PERFORMANCE - P4P**

- I have read the P4P component descriptions, understand each component, and agree to abide by P4P terms and conditions.

Physician \_\_\_\_\_

\_\_\_\_\_

IEHP Provider ID Number \_\_\_\_\_

Physician Signature \_\_\_\_\_

Please submit the Vendor Form (W-9) with this card to complete registration for P4P. All Claims must be submitted with TIN and address information reflected on W-9.

PP 0108-0604-4