PROVIDENCE TEACHERS UNION AFT AFL•CIO

Non-Participating Doctors Form

Teacher Name**(Optional)**

School

Please contact all of your Physicians before completing this form.
List the names and specialty areas of any of your physicians who do not accept United Healthcare.
To maintain your confidentiality, please return this form in a sealed envelope to either your building delegate or the union office by Friday, October 31st.
Your completion of this form is essential for the Providence Teachers Union's verification of the United Healthcare provider network.

Doctor Name

Last	First	Specialty Area (i.e. orthopedic, dermatologist, etc.)

100% member participation with this task is vital!