



PROVIDER INFORMATION – MAIN/CORPORATE

PRACTICE/GROUP/FACILITY NAME
MAIN PHYSICAL ADDRESS
REMIT ADDRESS
CORRESPONDENCE ADDRESS

MAIN TELEPHONE: ()	MAIN FAX NUMBER: ()
NPI:	TAX ID NUMBER:
ACCREDITING ORGANIZATION:	ACCREDITATION NUMBER:
STATE LICENSE NUMBER:	
MEDICARE NUMBER:	MEDICAID NUMBER:
BILLING CONTACT:	
BILLING CONTACT TELEPHONE: ()	BILLING CONTACT FAX NUMBER: ()
BILLING CONTACT EMAIL:	
AP CONTACT:	
AP CONTACT TELEPHONE: ()	AP CONTACT FAX NUMBER: ()
AP CONTACT EMAIL:	
IT CONTACT:	
IT CONTACT TELEPHONE: ()	IT CONTACT FAX NUMBER: ()
IT CONTACT EMAIL:	

PROVIDER INFORMATION – ADDITIONAL LOCATIONS

PRACTICE/GROUP/FACILITY NAME
LOCATION NAME
MAIN PHYSICAL ADDRESS
REMIT ADDRESS
CORRESPONDENCE ADDRESS

MAIN TELEPHONE: ()	MAIN FAX NUMBER: ()
NPI:	TAX ID NUMBER:
ACCREDITING ORGANIZATION:	ACCREDITATION NUMBER:
STATE LICENSE NUMBER:	
MEDICARE NUMBER:	MEDICAID NUMBER:
BILLING CONTACT:	
BILLING CONTACT TELEPHONE: ()	BILLING CONTACT FAX NUMBER: ()
BILLING CONTACT EMAIL:	

PHYSICIAN LIST

#	PHYSICIAN	CREDENTIALS	LICENSE NUMBER	NPI NUMBER
1				
2				
3				
4				

CLINICIAN LIST

#	CLINICIAN	CREDENTIALS	LICENSE NUMBER	NPI NUMBER
1				
2				
3				
4				