



Provider Information Data Sheet

All fields with Asterix* are mandatory. Please complete this form in its entirety and use "N/A" if not applicable.

Provider Information								
*Group Name / Facility Name / Legal Name:				*Group Tax ID:				
*Last Name:	*First Name:				Middl	e Initial:		
*Provider's NPI:	*DOB:				*Provider Gender:			
*Primary Specialty			*Secondary Specialty					
Taxonomy and			Taxonomy and Description:					
Description:								
*State License #:	*DEA #:				*Med	icare Certified:		
*Effective Date:	*Effective Date:				□Yes CCN#			
*Term Date:	*Term Date: □ No			□No				
*Is this provider a Primary Care Provider	(PCP)?		□ Ye:	s □No				
*Servicing Addresses: If more than four	ease a	ttach r	roster of all locations. (A	Address	, phone, fax, LOBs)			
Address 1:		Appl	Applicable lines of business:			Does this provider perform		
		□Medicaid				PCP duties at this location?		
				Marketplace		□Yes □No		
Phone:		□ Duals						
Fax:		□Medicare				Is this location a FQHC	?	
				CHP		□Yes □ No		
Address 2:		Applicable lines of business:				Does this provider per	form	
		□Medicaid			PCP duties at this locat	ion?		
		□Marketplace				□ Yes □No		
Phone:		□Duals						
Fax:		□Medicare			Is this location a FQHC	:?		
		□СНР			☐ Yes ☐ No			
Address 3:		Applicable lines of business:				Does this provider perform		





Phone: Fax: Duals		□Medicaid	PCP duties at this location?
Fax: Medicare Yes No Address 4: Applicable lines of business: Does this provider perform PCP duties at this location? Medicaid Yes No Marketplace Medicare Yes No Marketplace St this location a FQHC? Yes No Marketplace St this location a FQHC? Yes No Medicare Yes No CHP *Provider's Language(s) Spoken: *Accepting New Telehealth Patients? Age Restriction Yes Yes No Medical Board-Certified Specialty Gender Restriction *For mid-levels: Supervising physician No No No Medical Board NPI:		□Marketplace	□ Yes □No
Address 4: Applicable lines of business: Does this provider perform PCP duties at this location? Medicaid Yes No Marketplace Is this location a FQHC? Duals Is this location a FQHC? Medicare Yes No CHP *Provider's Language(s) Spoken: *Accepting New Telehealth Patients? Age Restriction Yes No Yes No From:To:To:To:To: To: Supervising physician name and NPI:	Phone:	□Duals	
Address 4: Applicable lines of business: Does this provider perform PCP duties at this location? Medicaid Marketplace Duals Specialty: Age Restriction Yes No Provider's Language(s) Spoken: Age Restriction Yes No Provider's Language(s) Spoken: Age Restriction Yes No Supervising physician No No Poes this provider perform PCP duties at this location? Yes No Age Restriction Yes No From: No Supervising physician name and NPI:	Fax:	□Medicare	
Phone: Medicaid Yes No Marketplace Is this location a FQHC? Duals Yes No Medicare Yes No CHP *Provider's Language(s) Spoken:		□СНР	☐ Yes ☐ No
Medicaid Yes No Marketplace Is this location a FQHC? Text: Medicare Yes No Medicare Yes No Medicare Yes No Telehealth Patients? Age Restriction Yes Telehealth Patients? Age Restriction Yes No Telehealth Patients? Specialty Gender Restriction From: To: No Telehealth Patients? Supervising physician Specialty: No No No No No No No N	Address 4:	Applicable lines of business:	Does this provider perform
Phone:			PCP duties at this location?
Phone: Fax: Medicare		□Medicaid	□ Yes □No
Fax: Medicare Yes No *Accepting New Telehealth Patients? Age Restriction Yes No Yes No From: To: No No To mid-levels: Supervising physician Specialty: No No No No No No No No		□Marketplace	
*Provider's Language(s) Spoken: *Accepting New Telehealth Patients? Age Restriction Yes No Medical Board-Certified Specialty Gender Restriction Yes Yes No Specialty: No Medical Board NPI:		□Duals	Is this location a FQHC?
*Provider's Language(s) Spoken: *Accepting New Telehealth Patients? Age Restriction Yes Yes No Medical Board-Certified Specialty Gender Restriction Yes Yes No Specialty: Age Restriction From: Yes Supervising physician name and NPI:	Fax:	□Medicare	□ Yes □No
□ Yes □ No From:		□СНР	
□ Yes □ No From:To: □ No Medical Board-Certified Specialty Gender Restriction Yes #: □ Yes Specialty: □ No □ No □ No □ mame and NPI:	*Provider's Language(s) Spoken:	*Accepting New Telehealth Patients?	Age Restriction
Medical Board-Certified Specialty Gender Restriction Yes #: Specialty: □ No □ No *For mid-levels: Supervising physician name and NPI:			□Yes
Medical Board-Certified Specialty Gender Restriction *For mid-levels: □ Yes #: □ Yes Supervising physician name and NPI:		□Yes □No	From:To:
□Yes #: Specialty: □Yes No Supervising physician name and NPI:			□No
Specialty: No name and NPI:	Medical Board-Certified Specialty	Gender Restriction	*For mid-levels:
· · ·	☐ Yes #:	□ Yes	Supervising physician
□No	Specialty:	□No	name and NPI:
	□No		