INFORMATION
CLINICS AND GROUPS

ALSO NEED AN INDIVIDUAL PROVIDER INFORMATION SHEET FOR EACH PROVIDER IN THE GROUP

Name of group/Clinic_____

Name of President _____

Address _____

_____

SS# _____

DOB _____

_____

_____

Email _____

Telephone # _____

Fax # _____

Tax ID # _____

Medicare Provider if applicable _____

Medicaid Provider if applicable _____

BCBS Provider if applicable _____

NPI _____