



FACILITY SERVICES INFORMATION

For agreements that include multiple facilities (Hospital, ASC, Radiology/Mammography), please complete one sheet per facility.

Facility Name: _____

Facility Address: _____

Facility City: _____ **State:** ____ **Zip:** _____

Facility NPI: _____

Facility TIN (if different from parent organization): _____

Check All That Apply	Services Provided at Location	# of Beds
	Acute Inpatient Hospitals	
	Cardiac Surgery Program	
	Cardiac Catheterization Services	
	Critical Care Services – Intensive Care Units (ICU)	
	Outpatient Dialysis	
	Surgical Services (Outpatient or ASC)	
	Skilled Nursing Facilities	
	Diagnostic Radiology	
	Mammography	
	Physical Therapy	
	Occupational Therapy	
	Speech Therapy	
	Inpatient Psychiatric Facility Services	
	Outpatient Infusion/Chemotherapy	