



Group/Facility Demographic and Contact Form

Use this form to provide initial information or to provide updates to the demographics or contact information for your group or facility.

Group/Facility Name: _____

Group/Facility NPI: _____ Group/Facility Tax ID: _____

Remittance Address

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Business Office Contact

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Credentialing Contact

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Please Complete the attached:

- W-9
- Provider Roster

Completed By (Print Name): _____

Title: _____

Telephone: _____

Email: _____



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Date: _____