

PRACTITIONER CREDENTIALING ADDENDUM

PRACTITIONER INFORMATION

Practitioner name:

Birth date:

Social security number:

Practitioner NPI:

MEDICAL RECORD RETRIEVAL INFORMATION

Street address (don't list a PO box):

City:

State:

Zip code:

Contact:

Telephone number:

Fax #:

Email address:

If you use a copy vendor, provide the name of vendor:

Do you prefer record retrieval via remote access to your electronic health record system? Yes No

PRACTICE INFORMATION

Practice Setting – Primary Location

Clinic/Group Solo Practice Home Based Urgent Care Hospital Based

Other:

Is this the same for all other locations? Yes No

If no, please explain:

Do you want to be advertised in our provider directory? Yes No

If no, please explain why:

Please list languages fluently spoken by the practitioner:

Are you accepting new patients? Yes No At all locations? Yes No

Are you accepting new Medicare patients? Yes No At all locations? Yes No

Do you provide OB services? Yes No Deliveries? Yes No

Do you provide lactation services? Yes No

Do you provide pediatric services? Yes No

Do you treat medical conditions specific to the LGBT (lesbian, gay, bisexual, and transgender) community? Yes No

Have you limited your practice in any way (e.g. female patients only)? Yes No

If yes, please explain:

Is your practice limited to certain ages? Yes No If yes, check all appropriate age ranges you provide services for:

Birth < 1 month 1 Month < 2 years (child) 2 years < 5 years (child) 5 years < 12 years (child)

12 years < 18 years (adolescent) 18 years < 25 years (adult) 45 years < 65 years (adult/geriatric)

65 years < 85 years (geriatric) 85 years and older (geriatric)