

Provider Profile Sheet

Provider Information and Locations



Group Name:

Tax ID:

Please list all providers that fall under this tax ID

Full Name	Degree	NPI Number	CAQH ID	Hospital Based?	PCP (Y/N) ¹	Specialty(ies)	Locations: A, B, C, D ²
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		

¹Participating as Primary Care Physician (Yes or No)

²Indicate the letter of each location listed in the section below at which each provider renders services. Please indicate each Provider's primary office address by listing the letter for that location first (e.g., A, B, C, D or A only)

Practice/Facility Locations-include suite and building numbers	Organizational NPI	Phone Number	Fax Number
A			
B			
C			
D			

If you have more practitioners than the space above allows, you may submit multiple sheets by photocopying this template, or submit a roster that contains all of the above information.

Billing Name and Address:

Main Contact Name for Contract:

Main Contact Phone Number:

Main Contact Email Address