

## Access 2 Health Care - Provider Profile

Provider Name:

<b>NPI:</b>		<b>TIN: 03-0466803</b>
<b>Cred. Date (Initial):</b>	<b>Recred Date Cycle 1</b>	<b>Recred Date Cycle 2</b>
<b>Medical License:</b>		<b>DEA:</b>

***Education/Personal Information:***

<b>Medical Education:</b> (School Name, Yrs Attended, Degree Earned)					
<b>Internship:</b> (Facility, Specialty, From/To)					
<b>Residency(ies)</b> (Facility, Specialty, From/To)					
<b>Fellowship(s)</b>					
<b>SSN:</b>		<b>DOB:</b>		<b>Ethnic Origin</b>	
<b>Gender</b>		<b>Provider Languages:</b>			

***Provider Information:***

<b>PCP or Specialist:</b>		<b>Primary Specialty:</b>		<b>Secondary Specialty:</b>	
<b>Board Certified:</b>		<b>Certified in:</b> (list effective dates)			
<b>Covering Physicians:</b>					
<b>Hospital Affiliations:</b> (list effective dates)					

***Practice Information:***

<b>Location 1:</b>					
<b>Phone/Fax:</b>					
<b>Office Hours</b>	<b>M:</b>	<b>Tu:</b>	<b>W:</b>	<b>Th:</b>	<b>Fr:</b>
<b>Billing Information:</b>					
<b>Location 2:</b>					
<b>Phone/Fax:</b>					
<b>Office Hours</b>	<b>M:</b>	<b>Tu:</b>	<b>W:</b>	<b>Th:</b>	<b>Fr:</b>
<b>Billing information:</b>					