## **Covering Colleagues Supplemental Form**

Section 4	* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.  Practice Location Information	
Covering	SPECIFY PRACTICE LOCATION INDICATE THE PRACTICE LOCATION TO WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Colleagues	SPECIFT PRACTICE LOCATION INDICATE THE PRACTICE LOCATION TO WHICH TOO ARE ASSOCIATING THESE PROVIDERS.	
Include all colleagues	► LOCATION # PRIMARY PRACTICE PRACTICE NAME	
providing regular coverage and his/her	- LOCATION #	
specialty, including if he/she is a partner in	PRACTICE ADDRESS	
one or more of your		
practice locations.		
IMPORTANT —	LAST NAME	SPECIALTY CODE
In the box provided, indicate to which		
practice location this	FIRST NAME	PROVIDER TYPE (CODE PG 36)
page belongs.		
Code lists are found on pages 36-43. Enter the	LAST NAME	SPECIALTY CODE
associated 3-digit code in the space provided.		
If you need to report additional Covering	FIRST NAME	PROVIDER TYPE (CODE PG 36)
Colleagues, photocopy this page as needed		
and submit as instructed.	LAST NAME	SPECIALTY CODE
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