

Access Health Care - Provider Profile

Provider Name:

NPI:		TIN: 45-1444883	
Cred. Date (Initial):	Recred Date Cycle 1	Recred Date Cycle 2	
Medical License:		DEA:	

Education/Personal Information:

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

Provider Information:

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

Practice Information:

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