

# Covering Colleagues Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 4

### Covering Colleagues

Include all colleagues providing regular coverage and his/her specialty, including if he/she is a partner in one or more of your practice locations.

#### IMPORTANT

In the box provided, indicate to which practice location this page belongs.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

If you need to report additional Covering Colleagues, photocopy this page as needed and submit as instructed.

## Practice Location Information

**SPECIFY PRACTICE LOCATION** INDICATE THE PRACTICE LOCATION TO WHICH YOU ARE ASSOCIATING THESE PROVIDERS.

LOCATION #    PRIMARY PRACTICE PRACTICE NAME

PRACTICE ADDRESS

LAST NAME SPECIALTY CODE

FIRST NAME PROVIDER TYPE (CODE PG 36)

LAST NAME SPECIALTY CODE

FIRST NAME PROVIDER TYPE (CODE PG 36)

LAST NAME SPECIALTY CODE

FIRST NAME PROVIDER TYPE (CODE PG 36)

LAST NAME SPECIALTY CODE

FIRST NAME PROVIDER TYPE (CODE PG 36)

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LAST NAME SPECIALTY CODE

FIRST NAME PROVIDER TYPE (CODE PG 36)

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