## Partners/Associates **Supplemental Form**

Section 4	Practice Location Infor	mation		
Partner/ Associates	SPECIFY PRACTICE LOCATION	INDICATE THE PRACTICE LOCATION TO	WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Use this page to report additional partners/associates at the designated	LOCATION #	PRIMARY PRACTICE	PRACTICE NAME	
			PRACTICE ADDRESS	
practice location.				
n the box provided,	LAST NAME			SPECIALTY CODE COVERING
ndicate to which practice location this page belongs.				COLLEAGUE (Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
Check "Covering Colleague?" if he/she				
provides coverage for you at THIS location.  Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.  If you need to report additional partners/associates, photocopy this page as needed and submit	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME PROVIDER TYPE (CODE PG 36)			
as instructed.				
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE (Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING
				COLLEAGUE (Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING
				COLLEAGUE (Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME			PROVIDER TYPE (CODE PG 36)

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