

# SPECIALITY CONTACTS



DOCTORS AND HEALTH PROFESSIONALS			
	(1)	(2)	(3)
First Name, Last Name			
Specialty			
Other Specialty			
Office Phone			
Mobile Phone			
Office Fax			
Website			
Medical Practice Name			
Hospital Affiliation			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Protected Health Information Record Locator (if applicable)			

## DOCTORS AND HEALTH PROFESSIONALS

	(4)	(5)	(6)
First Name, Last Name			
Specialty			
Other Specialty			
Office Phone			
Mobile Phone			
Office Fax			
Website			
Medical Practice Name			
Hospital Affiliation			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Protected Health Information Record Locator (if applicable)			

## DOCTORS AND HEALTH PROFESSIONALS

	(7)	(8)	(9)
First Name, Last Name			
Specialty			
Other Specialty			
Office Phone			
Mobile Phone			
Office Fax			
Website			
Medical Practice Name			
Hospital Affiliation			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Protected Health Information Record Locator (if applicable)			

## DOCTORS AND HEALTH PROFESSIONALS

	10	11	12
First Name, Last Name			
Specialty			
Other Specialty			
Office Phone			
Mobile Phone			
Office Fax			
Website			
Medical Practice Name			
Hospital Affiliation			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Protected Health Information Record Locator (if applicable)			

## HOSPITALS & REHABILITATION CENTERS SPECIALTY CONTACTS

	(1)	(2)	(3)
Name			
Hospital or Rehab Center			
Office Phone			
Office Fax			
Other Phone			
Website			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Protected Health Information Record Locator (if applicable)			

## PHARMACIES & HOME MEDICAL EQUIPMENT SPECIALTY CONTACTS

	(1)	(2)	(3)
Name			
Type			
Office Phone			
Office Fax			
Other Phone			
Website			
Email Address			
Office Address			
In Network Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INVESTMENTS | INSURANCE | LEGAL | ACCOUNTANT

### SPECIALTY CONTACTS

	(1)	(2)	(3)
Name			
Specialty			
Contact Person			
Office Phone			
Office Fax			
Mobile Phone			
Website			
Email Address			
Office Address			

## INVESTMENTS | INSURANCE | LEGAL | ACCOUNTANT

	(4)	(5)	(6)
Name			
Specialty			
Contact Person			
Office Phone			
Office Fax			
Mobile Phone			
Website			
Email Address			
Office Address			