Practice I	Location Information of pages 6-7 as necessary.	1 - Please ansv	wer the following questions for	each practic	e location. Use Attachment F or	PRACTICE LOCATION of	
☐ Solo Prima	•	Specialty Care		Care	Group Single Specialty	 ☐ Group Multi-Specialty	
GROUP NAM	ME/PRACTICE NAME TO APPEA	AR IN THE DIREC	CTORY	GROUP/CO	Orporate name as it appear	S ON IRS W-9	
PRACTICE LO	OCATION ADDRESS Primary		_		_		
CITY	CITY STATE/COUNTRY POSTAL COE						
PHONE NUMBER		FAX NUMBER		E-MAIL			
BACK OFFICE PHONE NUMBER		SITE-SPECIFIC MEDICAID NU		MBER TAX ID NUMBI		BER	
GROUP NUM	IBER CORRESPONDING TO TAX	X ID NUMBER	GROUP NAME CORRESPON	DING TO TA	X ID NUMBER		
ARE YOU CUP	RRENTLY PRACTICING AT THIS	LOCATION?	IF NO, EXPECTED START DATE? (MM/DD/YYYY)			ANT THIS LOCATION LISTED IN THE ? Yes No	
OFFICE MANAGER OR STAFF CONTACT				PHONE NU	IMBER	FAX NUMBER	
CREDENTIALIN	NG CONTACT						
ADDRESS							
CITY STATE/COUNTRY POSTAL CODE							
PHONE NUMBER		FAX NUMBER		E-MAIL			
BILLING COMPANY'S NAME (IF APPLICABLE)				BILLING REPRESENTATIVE			
ADDRESS							
CITY STATE/COUNTRY POST						POSTAL CODE	
PHONE NUMBER		FAX NUMBER		E-MAIL			
DEPARTMENT NAME IF HOSPITAL-BASED			CHECK PAYABLE TO		CAN YOU BI	LL ELECTRONICALLY? No	
HOURS PATIE	_		1				
Monday	□ No Office Hours	Morning:		Afternooi		Evening:	
Tuesday	□ No Office Hours	Morning:		Afternooi		Evening:	
,	No Office Hours ☐ No Office Hours	Morning:		Afternooi Afternooi		Evening:	
Thursday Friday	☐ No Office Hours Morning: Afternoon:☐ No Office Hours Morning: Afternoon:			Evening:			
Saturday	☐ No Office Hours	Morning:		Afternoon:		Evening: Evening:	
Sunday	☐ No Office Hours	Morning:		Afternooi		Evening:	
DOES THIS LOCATION PROVIDE 24 HOUR/7 DAY A WEEK PHONE COVERAGE? Answering Service Voice mail with instructions to call answering service Voice mail with other instructions							
THIS PRACTICE LOCATION ACCEPTS all new patients existing patients with change of payor new patients with referral new Medicare patients new Medicare pati						new Medicaid patients	
IF NEW PATIEN	NT ACCEPTANCE VARIES BY H	IEALTH PLAN, P	LEASE PROVIDE EXPLANATION	N.			
PRACTICE LIM		Age:	Other:				
DO NUIDOS DE					DI IV (01 O 1 A A 1 D D O 1 #D D D O A D D D	OD DATIENTS AT THIS DDACTICE	
LOCATION?	RACTITIONERS, PHYSICIAN ASS				PHYSICIAN PROVIDERS CARE F	ONT AILMS AT THIS TRACTICE	
			VIVES, SOCIAL WORKERS OR C nation for each staff membe PROFESSIONAL DE	er:	PHYSICIAN PROVIDERS CARE F	STATE & LICENSE NUMBER	

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