CULINARY HEALTH FUND ADMINISTRATIVE SERVICES LLC
PROVIDER ADDRESS INFORMATION

PRACTICE NAME:_____ **TAX IDENTIFICATION NUMBER:**_____

CORRESPONDENCE MAILING ADDRESS:

ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

BILLING ADDRESS:

ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

CREDENTIALING ADDRESS:

ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

SITE LOCATION ADDRESS:

[1] ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

[2] ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

[3] ADDRESS _____

_____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

If more than 3 sites please attach complete roster including site/providers.
☐ *Site roster attached.*

PROVIDER NAME	**SPECIALTY**	**LOCATION NO.** *Ex.: [2] or all.*

If more providers please attach complete roster including site/providers. ☐ *Site roster attached*

Effective Date:_____

Culinary Health Fund
1901 Las Vegas Blvd., South Suite #101
Las Vegas, Nevada 89104
Or
Via Fax at: 702-735-1649