

## Provider Data Form for Physician Groups

<b>Practice Name</b>		<b>Tax ID</b>	
<b>Office Manager</b>	<b>Name:</b>	<b>Group NPI</b>	
	<b>Phone:</b>	<b>Additional Group NPI</b>	
	<b>Email:</b>	<b>Additional Group NPI</b>	
<b>Service Locations</b>	<u>Primary Location</u>	<b>Office Hours</b>	
		<b>Phone</b>	
		<b>Fax</b>	
	<u>Secondary Location</u>	<b>Office Hours</b>	
		<b>Phone</b>	
		<b>Fax</b>	
	<u>Additional Location</u>	<b>Office Hours</b>	
		<b>Phone</b>	
		<b>Fax</b>	
<b>Billing Address</b>		<b>Phone</b>	
		<b>Fax</b>	
<b>Billing Manager</b>	<b>Name:</b>	<b>Location After Hours</b>	<u>Primary Location</u>
	<b>Phone:</b>		<u>Secondary Location</u>
	<b>Email:</b>		<u>Additional Location</u>

To begin the enrollment process, please complete all information for all Practitioners and Midlevels associated with the Practice.

Last Name	First Name	Title	NPI	Date of Birth	Panel Status	Specialty	Office Hours by Location		
							Primary	Secondary	Additional
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: AfterHours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:
					Open: Closed: Existing only: N/A:		M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:	M: F: T: S: W: Su: Th: After Hours:

Your contract will not be considered complete without the following documentation:

- W9     
 Copy of Collaborative Agreement for each Midlevel     
 Group NPIs associated with practice  
 Copy of Malpractice (Liability) Insurance for each Midlevel     
 Contract signature pages

If necessary, attach additional roster, locations and additional group NPIs.

Mail or Fax to: • Monroe Plan for Medical Care • 1120 Pittsford-Victor Rd, Pittsford NY 14534 • Fax 585-242-6206 • Email PFMemails@yourcarehealthplan.com