



A Collaborative Approach to Regional Healthcare

Provider Demographic Sheet

Please complete the information below so that we can list the specifics of your practice correctly on our website and in any employer directories that we may print.

Practice Name:	
Tax Identification #:	
Practice NPI #: <i>(If multiple locations please include each applicable ID#)</i>	
Physical Address: <i>(Include multiple locations. If separate tax id numbers, please complete a separate form)</i>	
Billing Address:	
Telephone#: Contact Name:	
Mailing Address:	
Telephone #:	
Fax #:	
Office Manager: Address:	
Telephone#: Email Address:	
Credentialing Contact: Address:	
Telephone #: Email Address:	
Managed Care Negotiations Contact:	
Address:	
Telephone #: Email Address:	

