



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 # (if multiple locations, please include each applicable ID#.)	
Physical Address Include multiple locations. If separate tax id numbers, complete a separate form.	
Remittance Address Phone# Contact Name	
Mailing Address	
Phone Number	
Fax Number	
Office Manager/ Contact Person Address Phone Number E-Mail	
Credentialing Contact Address Phone Number E-Mail	
Managed Care Negotiations Contact Address Phone Number E-Mail	



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Please list all providers that are included in your practice, their individual NPI and Medicare numbers, and the locations in which they provide service. Make a copy to use if more space is needed.

Practice Billing Name on Claims:

Provider Name and Location	Provider Name on Billed Claims	Individual NPI #	Medicare #