Hospital and Free-Standing Facility Based Practitioner Information Form

I - INSTRUCTIONS

This form should be typed or legibly printed in black ink. Applicable to those practitioners who practice within the inpatient setting, hospital setting or free-standing facility setting.

Hospital and Free-Standing Facility Based Practitioners are defined as:
Practitioners who practice exclusively within the inpatient setting, hospital setting, or free-standing facility based setting and who provide care for Asuris Northwest Health members only as a result of members being directed to the inpatient setting, hospital setting or free-standing facility. Examples of free-standing facilities are, but are not limited to, surgery centers, and radiology centers.

Current copies of the following documents must be submitted with this form as applicable:

- State Professional License(s)
- DEA Certificate
- Proof of Insurance
- CP 575 or 147C

Fax the completed form with attachments to : 1 (888) 289-1313

II - HOSPITAL AND FREE-STANDING FACILITY BASED PRACTITIONER INFORMATION

Last Name (include suffix, Jr., Sr., III)	First Name	Middle Initial	Degree(s)
Hospital Name and Address			
Street Address where services will be provided	City, State, ZIP Code		
Billing Address (if different than above)	Effective Date	Tax Identification Number	
Telephone Number ( )	Fax Number ( )	Billing Telephone Number ( )	Date of Birth
☐ Male ☐ Female	NPI Number	Citizenship	
Professional License Number	State	Issue Date	Expiration Date
Drug Enforcement Administration (DEA) Registration Number	Expiration Date		

NPI: If you are a Type 2 provider as defined by CMS, please contact your provider relations representative to report to your NPI to Asuris.

Specialty/Sub Specialties	Are you board certified? ☐ Yes ☐ No If Yes, please provide the name of the board, specialty and date certified.	
MD/DO'S only: Medical School Attended	Year Graduated from medical school	
Do you practice at any other location(s)? ☐ Yes ☐ No If yes, list the address and Tax Identification Number (Attach a separate page for all practice locations)	Accept Medicare? ☐ Yes ☐ No	Do you have an existing **Individual** or **Clinic** contract with Asuris (please check one): ☐ Individual ☐ Clinic
Social Security Number	Practitioner or Administrator Signature ▶	

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