# **Provider Application**

CORRECT NUMBERS AND LETTERS A	B C 1 2 3 CORRECT X INCORRECT S COMMON ABBREVIATIONS, AND ZIP CODE MATCHING, PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.
Instructions Read all instructions carefully prior to submitting your application.	Tips to avoid processing delays  1. Complete only this application and its supplemental forms. <b>Do not use another provider's application.</b> 2. Use a blue or black ink ball-point pen only. Do not use a pencil or a felt-tip pen.  3. Print legibly and inside the boxes provided based upon the examples given above.  4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.  5. Complete all sections that are applicable to you.  6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 36 - 43.  NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.
SECTION 1	Personal Information and Professional IDs
Provider Type	Code list is found on page 36. Enter the associated 3-digit code in the space provided.*  DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING?* (E.G. PATHOLOGISTS, ANESTHESIOLOGISTS, ER PHYSICIANS, NURSE PRACTITIONER, RADIOLOGISTS, PHYSICIAN ASSISTANT, ETC.)
Name Do not use nicknames or initials, unless they are part of your legal name.	LAST NAME*  SUFFIX (JR, III)
	FIRST NAME*  HAVE YOU EVER USED ANOTHER NAME?*  YES  NO  IF YES, PLEASE LIST ALL OTHER NAMES USED AND THEIR DATES OF USE BELOW.
	THE TOTAL STATE OF THE STATE OF
	OTHER LAST NAME
	OTHER FIRST NAME OTHER MIDDLE NAME
	MMDDYYYY
	DATE STARTED USING OTHER NAME DATE STOPPED USING OTHER NAME
General Information Only enter a Foreign National Identification	GENDER* MALE FEMALE DATE OF BIRTH* M M D D Y Y Y Y
Number if you do not have a SSN. Do not enter National Provider Identification (NPI)	CITY OF BIRTH STATE OF BIRTH BIRTH
Number here.	SSN*
Code lists are found on pages 36-43. Enter the	FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN) FNIN COUNTRY OF ISSUE
associated 3-digit code in the space provided.	ENTER ALL NON-ENGLISH
	LANGUAGES YOU SPEAK  LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE  LANGUAGE CODE
Home Address	NUMBER STREET APT NUMBER
	NOMBER STREET
	CITY STATE ZIP CODE
	TELEPHONE
NOTE: CAQH will use this method for application follow-up.	E-MAIL
33 LV (7 0 0 3 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FAX PREFERRED METHOD OF CONTACT* E-MAIL FAX
	3076

Section 1	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REC	The second secon
Professional Ds Include all state Idenses, DEA Registration and State Controlled Dangerous	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA ISSUE DATE  M M D D Y Y Y Y  DEA EXPIRATION DATE
Substance (CDS) certification numbers.  Provide all current and previous licenses/ certifications.	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS ISSUE DATE  M M D D Y Y Y Y  CDS EXPIRATION DATE
Non-licensed professionals should enter certification/ registration number in the space provided for icense number.  If you have additional professional IDs to report, use the professional IDs	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  Code list is found on page 36; use license status codes. Enter	LICENSE ISSUING STATE  LICENSE ISSUE DATE  M M D D Y Y Y Y  LICENSE EXPIRATION DATE  Code list is found on page 36; use provider type codes. Enter
Supplemental Form on page 19.	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.	3-digit code in space provided.    M M D D Y Y Y Y Y
Other ID Numbers  If you have additional Professional IDs to eport, use the Professional IDs Supplemental Form on page 19.	ARE YOU A PART- ICIPATING MEDICARE PROVIDER?*  ARE YOU A PART- ICIPATING MEDICAID PROVIDER?*  MEDICARE NUMBER  MEDICAID NUMBER  MEDICAID NUMBER  MEDICAID NUMBER  MEDICAID NUMBER  MEDICAID NUMBER  MEDICAID NUMBER	UPIN  MEDICAID STATE  THOUT HYPHENS)
	O	FMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

ection 2	Education and Training
Indergraduate School(s)	UNDERGRADUATE SCHOOL
rovide the appropriate formation for the	OFFICIAL NAME OF UNDERGRADUATE SCHOOL
chool that issued your ndergraduate degree nd all schools ttended.	ADDRESS
morrae d	
s 19 19 19	CITY STATE ZIP/POSTAL CODE
Professional School(s)	
Provide the appropriate	COUNTRY CODE TELEPHONE FAX
chool that issued your professional degree.	START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
ifth Pathway Graduates lease complete the ollowing sections: U.S. School that issued your	DID YOU COMPLETE YOUR UNDERGRADUATE EDUCATION AT THIS SCHOOL?  YES NO
ertificate, the Non-U.S. school where you ttended, and the Fifth Pathway institution where you completed	GRADUATE TYPE*:  U.S. OR CANADIAN GRADUATE NON-U.S./CANADIAN GRADUATE FIFTH PATHWAY GRADUATE
our training on Supplemental Page 20.	U.S. OR CANADIAN SCHOOL
Code lists are found on ages 36-43. Enter the	SCHOOL CODE (U.S./ CANADIAN ONLY)  NAME OF U.S./ CANADIAN SCHOOL:
ssociated 3-digit code the space provided.	MMYYYY
f you have additional Undergraduate or Professional Schools to eport, use the	START DATE*  END DATE (GRADUATION DATE)*  DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  NO SCHOOL?
ducation Supplemental form on page 20.	NON - U.S. OR CANADIAN SCHOOL
	THOM - 0.5. OK CANADIAN SCHOOL
	OFFICIAL NAME OF NON-U.S. PROFESSIONAL SCHOOL
	ADDRESS
	CITY COUNTRY CODE POSTAL CODE
	MMYYYY
	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  YES NO

E	ducation	on a	nd Tra	ining	g (C	ontinue	ed)																	
		710											1											
		_الــ							_  _		ļL							_	_					
»																						AF	HOOL FILIAT	TED I
Same Same	TITUTION/H	OSPITA	AL NAME (U	ве вот	H LINES	F REQUI	RED)																	
nal																						7		П
ning Nur	MBER	-		STRI	EET					-						-!!-			4		SU	ITE/BI	UILDIN	IG
ning											Ī				Г						T	T		T
the cir											-	STA	ATE		z	IP/POS	TAL C	ODE			11	-11		
k		7			Ť							T					11	u	T	T			1	T
on cou	INTRY COD					TELEPHON									FAX				_				JL	
8															T.A.	N.								
	YOU COMP TITUTION?	LETE 1	THIS TRAINI	NG PRO	OGRAM	AT THIS		YES	NO															
l by r	NOT, PLEAS	SE USE	THE SPACE	BELOV	W TO E	(PLAIN.)																		
ig		T								1		1		T	76							7	7	T
					4					3														-
nd on r the													П											
code																		="						
led.																								
	List cook																	-		-ir	_			
	st each artment		RESIDENCY		FELI	LOWSHIP	C	THER	M	M	Y	Y.	Y	Y		IVI	IM	Ϋ́		Y		Y		
sepa	arately, if								START	DATE	Ē					END	DATE							
арр	licable.																							
	List ernship/	DEPA	RTMENT/SP	ECIALT	Y (DO N	OT ABBRE	VIATE)																	
Res	sidency,																							
and	lowship d Other	NAME	OF DIRECT	OR																				
	ograms arately.	10000000	COMPANY TO SERVE OF THE SERVE							-		-			7		iii .	Tir.					-	
			RESIDENCY		FELI	LOWSHIP	C	THER	M	M	Y	Y	Y	Y.		M	W	Y		8		Y.		
									START	DATE	E					END	DATE							
		П																						
		DEPA	RTMENT/SP	ECIALT	Y (DO N	OT ABBRE	VIATE)			_				1		- 1	1	11_	14_		-1			
													F				F							
		NAME	OF DIRECT	OR																				
	1		AND THE STORY OF STREET												16									
			RESIDENCY		FELI	LOWSHIP	C	THER	M	M	Y	Y	Y	Y		M	M	Y		Y		Y		
									START	DATE						END	DATE							
		DEPA	RTMENT/SP	ECIALT	Y (DO N	OT ABBRE	VIATE)		11-11															1,1
		L Common de																						
		NAME	OF DIRECT	OR																				

Section 3	Professi	onal /	Medical	Spec	ialty Inf	orn	natio	n															
Primary Specialty	SPECIALTY CODE		1	CE	INITIAL RTIFICATION DATE	M	M	D				/ X		0	BE LIS	U WIS	N ORY	H	IMO		YES		NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFIED?	YES	NO		RTIFICATION DATE PPLICABLE)	M	М	D				Y				ALTY		P	РО		YES		NO
associated 3-digit code in the space provided.	CERTIFYING BOARD CODE			EXPIR (IF A	ATION DATE PPLICABLE)	M	М	D.	0 1		Y .	Y N						Р	os		YES		NO
	IF NOT BOARD CERTIFIED (SELECT	I HAVE EXAM, F PENDIN	RESULTS				I INTE	ND TO S	IT FOR	R AN								ITEND NG BO					
	ONE)					M	M	D	0			2 N	3										
	CI	RTIFYING I	BOARD CODE																				
	IF YOU INDICA							ARD EX	AM, PL	EASE	USE T	HE											
						1																	
Secondary Specialty	SPECIALTY CODE			9	INITI. CERTIFICATIO DA	ON	A N	D	D	Ÿ	Y	Y	Y		BE THE	LISTE	CTOR		нмс		YES	3	NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFIED?	YES	NO		CERTIFICATIO DA F APPLICABL	TE	A N	B	D	Y	Y	Y	Y			CIALT			PPO		YES	3	NC
associated 3-digit code in the space provided.	CERTIFYING BOARD CODE				PIRATION DAT		vi I N	1 D	D	Y	Υ	Υ	Y						POS		YE	s	N
If you have additional Professional / Medical Specialties to report, use the Additional	IF NOT BOARD CERTIFIED (SELECT	EXAM	E TAKEN I, RESULTS ING FOR					TEND TO	SIT F	OR AN	Ĺ					I D	O NOT	INTEN	ID TO BOARI	TAKE D EXA	м.		
Specialties Supplemental Form on	ONE)					Ř	A N	D		Y		Y.	Y										
page 22.	IF YOU INDICA		G BOARD COL		O TAKE A CE	RTIFY	ING BO	ARD EX	AM, PL	EASE	USE T	HE											
	FOLLOWING S	PACE TO EX	KPLAIN, OTHE	RWISE LE	AVE THE SP	ACE B	LANK,		1														
						ł	1	+		H	H				_		H		H	H		_	H
		Ш		Щ		4	4	Ļ		Щ			Ц							L	Щ	4	4

Section 3	Professi	onai / i	viedi	cal	spe	cıaı	ty I	ntor	ma	tion	(00	ntinu	ea)										
ertifications	Do you hold t	the following	ng certi	ficatio	ns? If	yes,	provi	de ex	pirati	on da	ites.												
				EXPI	RATIO	N DATE											EX	PIRATI	ON DA	TE			
	BASIC LIFE SUPPORT?*	YES	NO	M	M	D	D	Y	Υ	Y	Y		LIFE PORT IN		YES	NO	N	N	D	D	Y	Y	Y
	CPR?*	YES	NO	M	W	D	D.	Ÿ	Y	Y	Y	LIFE	TRAUMA		YES	NO	īV	IV	D	D	Y	Y	Y
	ADV CARDIAC LIFE SPT?*	YES	NO	W	M	D	D	Y.	Y	Y	Y	ADV	IATRIC ANCED SPT?*		YES	NO	IV	N	D	D	Y	Y	Y
	NEONATAL ADVANCED LIFE SPT?*	YES	NO	M	M	D	D.	Y	Y	Y	Y												
Practice																		1					
nterests									H														
Provide additional areas of professional																							Щ
practice interest, activities, procedures, liagnoses or																							Щ
opulations.																							
														Ī			Ī						
			T		F	ī		ī	F				7	ī			Ī	Ī		ī		ī	Ti
Primary		1 1											1 1				ī	ī					
Credentialing Contact	LAST NAME		_																				
HECK HERE TO																							
SE THE OFFICE ANAGER AND DDRESS OF THE	FIRST NAME	1 1	7										1										М
RIMARY PRACTICE OCATION AS THE REDENTIALING	NUMBER		_	STRE	ET						<u> </u>									SUITE	/BUILI	DING	
NFORMATION.			I																				
	CITY		-11								النساا						STA	TE	.]	ZIP C	ODE		
NOTE:				H																			
Even if you checked the boxes above,	TELEPHONE	11 11	11	10					FAX				10 71				1				1777		

tion 4	Practice Loc	ation l	nforma	tion																		
nary	NOTE: IF YOU INDICA	TED THAT	YOU PRACT	TICE EXC	LUSIVELY	WITHIN	HE INF	PATIEN	NT SE	TTING	ON P	AGE 1,	YOU	J ARE	ONLY F	REQU	IRED	тос	OMPI	ETE 1	HE	
ctice	CREDENTIALING COM	NTACT QUE	STION ABO	VE. SECT	TION 4 MA	Y BE LEF	T BLAN	IK. YO	U MA	Y PRO	CEED	TO SE	CTIC	ON 5 C	N PAG	E 11.					8855	
ation	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES	NO	YOUR	WHAT IS EXPECTED DATE?	MI	A D	D	Y	Y	Y	Y										
have additional ice locations, use																						
upplemental ice Location nation Form on s 25-29.	PHYSICIAN GROUP / P	RACTICE NA	AME TO APPE	EAR IN DI	RECTORY (	DO NOT A	BBREVI	ATE)*														
	GROUP / CORPORATE	NAME AS IT	APPEARS C	N W-9, IF	DIFFEREN	T FROM A	BOVE (I	OO NO	T ABE	BREVIA	TE)											
≣: "General																						
espondence" refers y correspondence	NUMBER*	11 3	STREET*	بالــــنالـ			11					الساا			النسا			SUITE	E/BUIL	DING		
night be sent to the der that does not																						
relate to creden- or billing	CITY*														STATE*			ZIP C	ODE*			_
nation.	SEND GENERAL	YES	NO																			
our Individual Tax	CORRESPON- DENCE HERE?*			TELEPHO	ONE*							FA	x									
assumed to be Primary Tax ID																						
s you specify wise to the right.	OFFICE E-MAIL ADDRE																					
noe to the right.	OFFICE E-MAIL ADDRE						1	1	1		1			PRIMAR	RY		USE	INDIVI	DUAL	-	USE G	RO
														TAX ID ONE O	NLY)*		TAX	D			TAX II	
entrant International Book Ann	INDIVIDUAL TAX ID				GROU	P TAX ID																_
ce Manager Jusiness																						
ce Staff	LAST NAME*	JL _11	31 11	11 11			11												إنسنا			
ntact																						
ach contact	FIRST NAME*						-						_			_			-		,	W.I.
ately. You may se check boxes										Т	1			Т	T							
for convenience.	TELEPHONE*					FAX									J							
tions like "see																						
'. These uses will be ed and will e follow-up.	E-MAIL ADDRESS																					
g Contact		i		T			T									-1		П				
	LAST NAME*							1														
IERE TO																						
R AND	FIRST NAME*						ببال									_	_				N	1.1.
ING ATION							ĺ															
				<u> </u>																		
	NUMBER*		STREET*	11 11														SUITE	BUILL	JING		
9							ا															
ou checked	CITY*									H					STATE			ZIP C	ODE*			
above, please he															J							
Address of the Contact.	TELEPHONE*			11 10		FAX										- 1)						
SELECTION OF SELEC																						

Section 4	Practice I	ocation	Infor	matic	on (C	ontinu	ed)													
Payment and	ELECTRONIC			-		7	17		- 11 50		- 17	-7	-11-					-		
Remittance	BILLING CAPABILITIES?*	YES	NO																	
	CAPABILITIES			В	ILLING (	DEPARTM	ENT (IF	HOSPITAL	-BASED)		- 4									
YOUR "CHECK PAYABLE TO" NFORMATION SHOULD BE																		П		
CONSISTENT WITH YOUR																				
1000	CHECK PAYABLE	10																		
CHECK HERE TO USE OFFICE																				
MANAGER AND DEFICE ADDRESS	LAST NAME*				_					_		4		Ш						
AS PAYEE NFORMATION	LAST NAME			1		11-71		_						11		1				
		الحالكا																		
	FIRST NAME*			1		-							-							M.I.
	NUMBER*		STR	EET*										-			SUITI	E/BUIL	DING	
NOTE:																				
NOTE.	CITY*				-11-	-1111	_				-4).			CTAT	E.		710 (	CODE		
Even if you checked the box above, please	CITY					- 1								STAT			ZIP	CODE.		
provide the		8																		
E-mail Address of the Payee Contact.	TELEPHONE*			-		- 3	AX	_					- ii	11 1					17	
•																				
	E-MAIL ADDRESS																			
Office Hours	(USE HHMM F	ORMAT AN	ID ROUN	D TO T	HE NEA	AREST I	HALF-H		ř	Ť				A=AN					T	A=AM
		STAR	T			END		A=AM				START		P=PN			EN	D		P=PM
	<del>*************************************</del>	120000	X	P=PM		7.500		P=PM		_		STAIL!		F-FN	_					
	MONDAY	15,000		P=PM				P=PM	FRIDA	AY	T			F-FW					T	П
	MONDAY			P=PM	Ц			P=PM	FRID	AY										
	MONDAY			P=PM				P=PM	FRID/ SATURD/	F	Į									
	TUESDAY			P=PM				P=PM	SATURDA	AY				F-F#						
				P=PM				P=PM	uniewe:	AY				F-F#						
NOTE:	TUESDAY			P=PM				P=PM	SATURDA	AY										
After hours back office	TUESDAY			P=PM				P=PM	SATURDA	AY										
After hours back office telephone will be used only by the health plan	TUESDAY		IF YES	P=PM					SATURDA	AY E			ER HOU	IRS BAC		FICE T	relepi	HONE		
After hours back office telephone will be used only by the health plan and will not be	TUESDAY  WEDNESDAY  THURSDAY		IF YES	SWERING		VOICE MAINSTRUC	TIONS T	O CALL	SATURD/ SUND/ VOICE WITH	AY AY E MAIL OTHER			ER HOU			FICE T	relepi	HONE		
After hours back office telephone will be used only by the health plan and will not be published under any	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?*	IF YES	SWERING		VOICE MA	TIONS T	O CALL	SATURD/ SUND/ VOICE WITH	AY AY			ER HOU			FICE T	FELEPI	HONE		
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?*	IF YES	SWERING		VOICE M/ INSTRUC ANSWER	TIONS T	O CALL VICE	SATURD/ SUND/ VOICE WITH INSTR	MAIL OTHER	R NS	AFT				FICE T	FELEPI	HONE	YES	
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?*	IF YES	SWERING		VOICE M/ INSTRUC ANSWER	TIONS T	O CALL	SATURD/ SUND/ VOICE WITH INSTR	MAIL OTHER	R NS					FICE T	TELEPI	HONE	YES	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?* NO TIENTS INTO	IF YES AN SEI	SWERING RVICE	WASHING.	VOICE M INSTRUC ANSWER	TIONS T	O CALL VICE	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER RUCTION	NS NS	AFT	ENTS?*	JRS BAC		FICE T	relepi	HONE	YES	
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?* NO TIENTS INTO	IF YES AN SEI THIS PRAC	SWERING RVICE	AYOR?	VOICE MINSTRUC ANSWER	TIONS TING SER	O CALL VICE NO	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER RUCTION	NS NS	AFTI	ENTS?*	JRS BAC		FICE T	TELEPI	HONE	YES	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY WEDNESDAY THURSDAY 24/7 PHONE COVI	ERAGE?* NO TIENTS INTO	IF YES AN SEI THIS PRAC	SWERING RVICE	AYOR?	VOICE MINSTRUC ANSWER	TIONS T	O CALL VICE	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER UCCIO	NS ALL NE	AFTI	ENTS?*	NTS?		FICE T	FELEP	HONE	2037	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT EXISTIN  ACCEPT NEW PA	ERAGE?* NO TIENTS INTO G PATIENTS WITH	IF YES AN SEI THIS PRAC	SWERING RVICE	AYOR?	VOICE MINSTRUC ANSWER	TIONS TING SER	O CALL VICE NO	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER UCCIO	NS ALL NE	AFTI EW PATIE	ENTS?*	NTS?		FICE T	TELEPP	HONE	YES	N
After hours back office elephone will be used only by the health plan and will not be oublished under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT NEW PA  IF ANY OF THE ABOVE INFORM VARIES BY PLAN  VARIES BY PLAN	ERAGE?* NO TIENTS INTO G PATIENTS WITH	IF YES AN SEI THIS PRAC	SWERING RVICE	AYOR?	VOICE MINSTRUC ANSWER	TIONS TING SER	O CALL VICE NO	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER UCCIO	NS ALL NE	AFTI EW PATIE	ENTS?*	NTS?		FICE T	TELEPI	HONE	YES	N
After hours back office elephone will be used only by the health plan and will not be oublished under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT NEW PA  IF ANY OF THE ABOVE INFORMA	ERAGE?* NO TIENTS INTO G PATIENTS WITH STION I, OTH	IF YES AN SEI THIS PRAC	SWERING RVICE	AYOR?	VOICE MINSTRUC ANSWER	TIONS TING SER	O CALL VICE NO	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER UCCIO	NS ALL NE	AFTI EW PATIE	ENTS?*	NTS?		FICE T	relepi	HONE	YES	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT EXISTIN  ACCEPT NEW PA  IF ANY OF THE ABOVE INFORM VARIES BY PLAN EXPLAIN (USE B	ERAGE?* NO TIENTS INTO G PATIENTS WITH ATION J. OTH ED)	IF YES AN SEI THIS PRAC	SWERING RVICE CTICE?* NGE OF P.	AYOR?*	VOICE MINSTRUC ANSWER	TIONS TING SER	NO NO NO	SATURD/ SUND/ VOICE WITH INSTR	E MAIL OTHER UUCTIO	ALL NE	AFTI EW PATIE	ENTS?* E PATIE PATIEN	NTS?*		FICE T	relepi	HONE	YES	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT NEW PA  IF ANY OF THE ABOVE INFORM VARIES BY PLAN EXPLAIN (USE B LINES IF REQUIR	ERAGE?* NO TIENTS INTO G PATIENTS WITH ILLIAN INTO INTO INTO INTO INTO INTO INTO INT	IF YES AN SEI THIS PRAC	SWERING RVICE CTICE?* NGE OF P.	AYOR?*  NDER LIM  MALE	VOICE MINSTRUC ANSWER  Y Y Y	ES ES	NO NO NO AGE LI	SATURD/ SUND/ SUND/ VOICE WITH INSTR	E MAIL OTHER CEPT N CEPT N	ALL NE	AFTI EW PATIE EDICARI	ENTS?* E PATIE PATIEN	NTS?*		FICE T	TELEPI	HONE	YES	N
After hours back office telephone will be used	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  ACCEPT NEW PA  IF ANY OF THE ABOVE INFORM VARIES BY PLAN EXPLAIN (USE B LINES IF REQUIR  ARE THERE ANY	ERAGE?* NO TIENTS INTO G PATIENTS WITH ILLIAN INTO INTO INTO INTO INTO INTO INTO INT	IF YES AN SEI THIS PRAC	SWERING RVICE CTICE?* NGE OF P.	AYOR?*  RAL?*  NDER LIM  MALE  ONLY	VOICE M/INSTRUC ANSWER  Y Y Y  WITATION	TIONS TING SER	NO NO NO AGE LI	SATURD/ SUND/ SUND/ VOICE WITH INSTR  ACC  ACC  MINIMUMA AGE	E MAIL OTHER OTHER CEPT N CEPT N	ALL NE	AFTI EW PATIE EDICARI	ENTS?* E PATIE PATIEN	NTS?*		FICE T	TELEPI	HONE	YES	N
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.  Open Practice	TUESDAY  WEDNESDAY  THURSDAY  24/7 PHONE COVI  YES  ACCEPT NEW PA  EXPLAIN (USE B LINES IF REQUIR  ARE THERE ANY PRACTICE LIMITA	TIENTS INTO G PATIENTS WITH ATION THED)	IF YES AN SEI THIS PRAC	SWERING RVICE CTICE?* NGE OF P.	AYOR?*  NDER LIM  MALE	VOICE MINSTRUC ANSWER  Y Y Y  T  T  T  T  T  T  T  T  T  T  T	ES ES	NO NO NO AGE LI	SATURD/ SUND/ SUND/ VOICE WITH INSTR	E MAIL OTHER OTHER CEPT N CEPT N	ALL NE	AFTI EW PATIE EDICARI	ENTS?* E PATIE PATIEN	NTS?*		FICE T	relepi	HONE	YES	N

on 4	Practice Location Information (Continued)		
Level titioners	DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?*  (IF YES, PLEASE PROVIDE THE INFORMATION BELOW)	S NO	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E. CN	.G., P/ NP, NP
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.L. PRACTITIONER TYPE (E.	.G., PA
		CN	NP, NP
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.	.G., PA
		CN	NP, NP
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
			i =
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.	.G., PA
		CN	NP, NP
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
		Production and the matter and an exercise and	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.	.G., PA
		CN	NP, NP
	PRACTITIONED LICENSE / CEDTIEICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	- NACITIONER STATE	

Section 4	Practice Lo	cation	Inforn	nation (Continu	ed)										
Languages	LANGUAGES				2,537,72										
Code lists are found on	NON-ENGLISH LANG SPOKEN BY OFFICE														
pages 37. Enter the	0.01212101102	. Litooitik	5.7	IGUAGE CODE LAN	GUAGE CO	DDE I	LANGUAGE COL	DE L	ANGUAG	E CODE	LAN	SUAGE CO	ODE		
associated 3-digit code in the space provided.	INTERPRETERS	YES	NO	LANGUAGES				Ī		Y-					
	AVAILABLE?*		- Parenti	INTERPRETED	IGUAGE C	ODE	LANGUAGE CO	DE LA	NGUAGE	CODE	LANG	GUAGE CO	ODE		
Accessibilities	0			F				(C) (C)	A 100-03-07 R	PARAMETERS	USS NO.		2313		-
, 100000011111100	DOES THIS OFFICE M	IEET ADA AC	CESSIBIL	TY REQUIREMENTS?*	YES	NO	-								_
	DOES THIS SITE OFF ACCESS FOR THE FO		APPED	DOES THIS S SERVICES FO			YES	NO		CCESSIBLE		ATION?*		YES	NO
	BUILDING?*	YES	NO	TEXT TE	EPHONY (	TTV\*	YES	NO		BU	S*		,	YES	NO
	20,00,000			M. man A. And		0.0000									
	PARKING?*	YES	NO	AMERICA	N SIGN LA	NGUAGE*	YES	NO		SUE	BWAY*		N	YES	NO
		Wes C		MENTAL/	PHYSICAL	IMPAIRMEN	NT VES	-		DE	CIONAL	TD AINS	<u> </u>	YES	NO
	RESTROOM?*	YES	NO	SERVICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES	МО		KE	GIONAL	IKAIN		E3	NO
	OTHER HANDICAPPI	ED ACCESS		OTHER DIS	ABILITY SI	ERVICES			(	OTHER TRA	NSPORT	TATION AC	CESS		_
Services	Does this location	provide ar	ov of the	following services?											
Services	7	provide ai	ly of the	IF YES, PROVIDE ACC	REDITING/		10000			10 10		10. 10		040 0	
	LABORATORY SERVICES?	YES	NO	CERTIFYING PROGRAM (E.G., CLIA, COLA, MLI	И										
						-				17 17		11 11		1000	
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE X-RA CERTIFICATION TYPE	Y										
	-		_												
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES	NO	ALLERGY SI TESTING?	KIN	YES	NO	GYN	ITINE OFF IECOLOGY LVIC/PAP)	Y	YES	
	DRAWING	YES	NO	AGE APPROPRIATE	YES	NO	FLEXIBLE		YES	NO	TYN	PANOMET	TR	YES	
	BLOOD?	1820	4	IMMUNIZATIONS?			SIGMOIDOS	OPY?	1.20			UDIOMETI REENING?		1.0	
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES	NO	IV HYDRATION TREATMENT		YES	NO		RDIAC LESS TEST	F?	YES	
	PULMONARY	YES	NO	PHYSICAL	VEG.	NO.	CARE OF MI	NOR	VEC						
	FUNCTION TESTING?			THERAPY?	YES	NO	LACERATIO		YES	NO					
	IS ANESTHESIA	VC 620 31 1	No.	IF YES, WHAT		1 1									
	ADMINISTERED IN YOUR OFFICE?	YES	NO	CLASS/CATEGORY DO YOU USE?											
	IF YES, WHO										TIT		-11		
	ADMINISTERS IT?	AST NAME							FIRST N	ΔME					
				1					1						
	(SELECT ONE ONLY)	20	SOLO	PRACTICE	SINGL	E SPECIAL	TY GROUP		MULTI-S	PECIALTY	GROUP				
	ā														
	ADDITIONAL OFFICE	PROCEDUR	ES PROVI	DED (INCLUDING SURGIC	AL PROCE	DURES)									
	A AL AL AL														

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information (Continued) Partners/ LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE **Associates** Code lists are found on LAST NAME SPECIALTY CODE COVERING pages 36-43. Enter the COLLEAGUE associated 3-digit code in the space provided. FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) If you have additional partners/associates at THIS location, use the Partner/Associate COVERING LAST NAME SPECIALTY CODE Supplemental Form on COLLEAGUE page 23. Photocopy as necessary. Be certain to check "Primary FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) Location" at the top of the page. LAST NAME SPECIALTY CODE COVERING COLLEAGUE M.I. PROVIDER TYPE (CODE PG 36) FIRST NAME LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE Covering Colleagues Code lists are found on LAST NAME SPECIALTY CODE pages 36-43. Enter the associated 3-digit code in the space provided. FIRST NAME PROVIDER TYPE (CODE PG 36) If you have additional covering colleagues that are not partners at THIS location, use the Covering Colleagues LAST NAME SPECIALTY CODE Supplemental Form on page 24. Photocopy as necessary. Be certain FIRST NAME PROVIDER TYPE (CODE PG 36) to check "Primary Location" at the top of the page. LAST NAME SPECIALTY CODE FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) Section 5 **Hospital Affiliations** DO YOU HAVE HOSPITAL Admitting IF YOU DO NOT ADMIT PATIENTS, WHAT YES NO TYPE OF ADMITTING ARRANGEMENTS DO Arrangements PRIVILEGES?\* 3087

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 5 Hospital Affiliations (Continued) PRIMARY HOSPITAL Hospital **Privileges** If applicable, list all HOSPITAL NAME hospital affiliations. List primary hospital, then other current NUMBER SUITE/BUILDING affiliations, followed by previous affiliations in chronological order. CITY STATE ZIP CODE If you have additional hospital privileges, use the Supplemental TELEPHONE Hospital Privileges Form on page 30. DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME FULL, UNRESTRICTED ARE PRIVILEGES NO YES NO PRIVILEGES? TEMPORARY? TIP Be certain your AFFILIATION START DATE AFFILIATION END DATE admission percentages OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? % add up to 100% for current hospitals. ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) Otherwise, you will have to correct this OTHER HOSPITAL error. HOSPITAL NAME NUMBER STREET SUITE/BUILDING CITY ZIP CODE TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME FULL, UNRESTRICTED PRIVILEGES? ARE PRIVILEGES TEMPORARY? YES NO YES NO AFFILIATION START DATE AFFILIATION END DATE OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? % ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN TERMINATED AFFILIATION

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 6 Professional Liability Insurance Carrier **Professional** YES SELF-INSURED? Liability CARRIER OR SELF-INSURED NAME\* Insurance Carrier NUMBER! STREET SUITE/BUILDING IMPORTANT IF YOU DO NOT CARRY MAI PRACTICE INSURANCE, CHECK CITY STATE\* ZIP CODE\* THIS BOX AND SKIP THIS SECTION. TYPE OF INDIVIDUAL SHARED COVERAGE?\* ORIGINAL EFFECTIVE DATE\* EFFECTIVE DATE EXPIRATION DATE DO YOU HAVE UNLIMITED COVERAGE YES NO WITH THIS INSURANCE CARRIER?\* AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE POLICY INCLUDES TAIL COVERAGE? YES NO POLICY NUMBER **Professional** SELF-INSURED? YES Liability CARRIER OR SELF-INSURED NAME Insurance Carrier List other current. NUMBER' SUITE/BUILDING future, or previous carrier(s) if current carrier is less than ten (10) years. CITY\* STATE\* ZIP CODE\* TYPE OF NOTE: A longer period INDIVIDUAL SHARED may be required by your healthcare entity. ORIGINAL EFFECTIVE DATES EFFECTIVE DATE EXPIRATION DATE DO YOU HAVE UNLIMITED COVERAGE If you have additional WITH THIS INSURANCE CARRIER? Insurance, use the AMOUNT OF COVERAGE PER OCCURRENCE Supplemental Insurance Form on POLICY INCLUDES TAIL COVERAGE? page 31. POLICY NUMBER\* Section 7 Work History and References Military Are you currently on active military YES NO duty or military reserve?\* Duty WORK HISTORY Work History Include a chronological work history for the past 10 years. PRACTICE / EMPLOYER NAME A longer period may be required by your NUMBER STREET SUITE/BUILDING healthcare entity. If you have additional work history, use the CITY STATE ZIP/POSTAL CODE Supplemental Work History Form on page 32.

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 7 Work History and References (Continued) Work History Do not list current positions. Those TELEPHONE should be listed in Section 4. Include a chronological COUNTRY CODE work history for the REASON FOR DEPARTURE (IF APPLICABLE) past 10 years. A longer period may be required by your healthcare entity If you have additional work history, use the WORK HISTORY Supplemental Work History Form on page 32. PRACTICE / EMPLOYER NAME NUMBER STREET SUITE/BUILDING CITY ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE END DATE REASON FOR DEPARTURE (IF APPLICABLE) WORK HISTORY PRACTICE / EMPLOYER NAME NUMBER SUITE/BUILDING STREET CITY STATE ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE END DATE REASON FOR DEPARTURE (IF APPLICABLE)

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 7 Work History and References (Continued) PLEASE EXPLAIN ANY TIME PERIODS OR GAPS IN TRAINING OR WORK HISTORY THAT HAVE OCCURRED SINCE GRADUATION FROM PROFESSIONAL SCHOOL AND ARE LONGER THAN THREE MONTHS IN DURATION OR OF A SHORTER DURATION IF REQUIRED BY THE ORGANIZATION FOR WHICH YOU ARE BEING CREDENTIALED. Gaps in Professional / Work History GAP START DATE GAP END DATE If you have additional professional / work history gaps, use the Supplemental Professional Work History Gaps Form on page 33. **Professional** References LAST NAME\* Provide three professional references to whom you are not PROVIDER TYPE (CODE PG 36) related or are not FIRST NAME partners in your practice. NUMBER\* STREET APT/SUITE/BUILDING Code lists are found on pages 36-43. Enter the associated 3-digit code for provider type. ZIP CODE\* CITY STATE NOTE: TELEPHONE You are required to provide exactly 3 references. Your application will not be complete without this LAST NAME\* information. Please check with FIRST NAME PROVIDER TYPE (CODE PG 36) credentialing entity for any special requirements. NUMBER APT/SUITE/BUILDING ZIP CODE TELEPHONE LAST NAME PROVIDER TYPE (CODE PG 36) FIRST NAME\* NUMBER\* STREET APT/SUITE/BUILDING CITY STATE ZIP CODE\* TELEPHONE

\* REQUIRED RESPONSE NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOI LOW-UP

#### Section 8 **Disclosure Questions** LICENSURE Disclosure Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, Questions YES NO 1 denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any con-Answer all questions. ditions or limitations by any state or professional licensing, registration or certification board? For any "Yes" response, provide an 2. YES Has there been any challenge to your licensure, registration or certification?\* explanation on the Supplemental HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS Disclosure Question Explanation Form on Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever page 34. been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for YES reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, Allied Health Providers YES NO Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?\* If you are an Allied Health Provider and you do not believe a Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, YES question is applicable by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? to you, you should answer the question EDUCATION, TRAINING AND BOARD CERTIFICATION "NO". Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been 6 YES placed on probation, disciplined, formally reprimanded, suspended or asked to resign?\* Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status YES 7. as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?\* No Have any of your board certifications or eligibility ever been revoked?\* 8. YES 9. YES NO Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?\* DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been chal-10. YES lenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?\* MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or other-11. YES NO wise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?\* OTHER SANCTIONS OR INVESTIGATIONS Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, educa-12 YES tion or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?\* To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare 13 YES Integrity and Protection Data Bank?\* Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, NO 14 YES OSHA, etc.)? Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or 15 YES NO resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?\* Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or 16. YES agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?\* PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your 17 YES NO individual liability history?\* Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance 18 YES carrier, based on your individual liability history?\*

\* REQUIRED RESPONSE, NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

25.

26

YES

YES

#### Section 8 Disclosure Questions (Continued) Disclosure MALPRACTICE CLAIMS HISTORY Questions Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?\* YES Answer all questions. If yes, provide information for each case. For any "Yes" response, provide an explanation on the CRIMINAL/CIVIL HISTORY Supplemental Disclosure Question NO Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?\* 20 YES Explanation Form on page 34. In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor IMPORTANT YES NO traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual If you answered "Yes" to question #19, you misconduct?\* must complete the YES NO Have you ever been court-martialed for actions related to your duties as a medical professional?\* Supplemental Malpractice Claims Explanation Form on Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or page 35 for each credentialing organization based upon all the relevant circumstances, including the nature of the crime. malpractice claim. ABILITY TO PERFORM JOB Are you currently engaged in the illegal use of drugs?\* YES 23 ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.) NO Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the func-24. YES tions of your job with reasonable skill and safety?\*

NO Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?\*

Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable

### Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agents; the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation. I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data Bank, and the Health Care Integrity and Protection Data Bank, to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

Authorization of Release and Exchange of Disciplinary Information. I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability. I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and Release, all references to the Entity, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity's medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by the Entity in accordance with the application, Attestation and Release is

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

nature*				
MB	DY	Y. Y	Υ	Y

### Professional IDs Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

ection 1	Personal Information and Professional IDs	
Professional Ds Iclude all additional ate licenses, DEA egistration and State ontrolled Dangerous	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA ISSUE DATE  M M D D Y Y Y Y  DEA EXPIRATION DATE
ertification numbers.  Provide all current and revious licenses/ ertifications.  you need to report dditional Professional	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	DEA ISSUE DATE  M M D D Y Y Y Y  DEA EXPIRATION DATE
Ds, photocopy this age as needed and ubmit as instructed.	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS ISSUE DATE  M M D D Y Y Y Y  CDS EXPIRATION DATE
	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION	CDS ISSUE DATE  M M D D Y Y Y Y  CDS EXPIRATION DATE
	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  NO	LICENSE ISSUING STATE  M M D D Y Y Y Y  LICENSE ISSUE DATE
·	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	LICENSE EXPIRATION DATE  Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?	LICENSE ISSUING STATE  M M D D Y Y Y Y  LICENSE ISSUE DATE
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	LICENSE EXPIRATION DATE  Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

## Other Relevant Education Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 2	Education and Training
Fifth Pathway Education	FIFTH PATHWAY GRADUATES ONLY
Ludcation	
	INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING WAS PERFORMED (DO NOT ABBREVIATE)
	ADDRESS
	CITY STATE ZIP CODE
	TELEPHONE FAX
	PUR VOLUCIANDE ETTE VOLUM
	EDUCATION AT THIS SCHOOL?  YES  NO  START DATE  END DATE (GRADUATION DATE)
Other Relevant Education	
Ludcation	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
If you need to report additional Education, photocopy this page as	NUMBER STREET SUITE/BUILDING
needed and submit as instructed.	
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	MMYYYYYY
	COUNTRY CODE START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
	INSTITUTIONISCHOOL ISSUING BESKEE (DO NOT ABBREVIATE)
	NUMBER STREET SUITE/BUILDING
	NOMBER STREET
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	COUNTRY CODE START DATE END DATE (GRADUATION DATE)  DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO
-	

# Other Training Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

ection 2	Education	on and Train	ing										
raining												1	'n
st all postgraduate											SCHOOL	CODE (E.	G.,
ining programs you ended. Use one											AFFILIATE SCHOOL)	ED MEDIC	
ction per institution.	INSTITUTION /	HOSPITAL NAME (US	E BOTH LINES IF RI	EQUIRED)									
you need to report													
ditional Training, notocopy this page as	NUMBER	15 15 15	STREET				10 3			SUITE	BUILDING	11 11	
eeded and submit as structed.													
ode lists are found on	CITY					ST	ATE	ZIP/POSTAL	CODE				
ages 36-43. Enter the					5								
ssociated 3-digit code the space provided.	COUNTRY CO	DE	TELEPH	ONE				FAX .					
	DID VOIL COME	LETE THIS TRAINING	PPOGRAM AT THIS	YES	NO								
	INSTITUTION?				NO								
	(IF NOT, PLEAS	E USE THE SPACE BE	ELOW TO EXPLAIN.)							1			
												3.	
	List each	INTERNSHIP/ RESIDENCY	FELLOWSHI	P OTHER	MIM	YY	YY	M	V Y	YYY	8		
	department separately, if				START DATE	E		END DA	TE				
	applicable.												1
	List Internship/	DEPARTMENT/SPEC	IALTY (DO NOT ABE	BREVIATE)									J
	Residency,												7
	Fellowship and Other	NAME OF DIRECTOR											
	programs separately.	INTERNSHIP/											_
		RESIDENCY	FELLOWSHI	OTHER	IVI DA	YY	Y Y	M	M Y	Y Y	r		
					START DATI	E		END DA	TE				
		DEPARTMENT/SPEC	IALTY (DO NOT ABE	BREVIATE)									
													Т
		NAME OF DIRECTOR		11-21-31			71-71-71-			11-25			
		INTERNSHIP/	FELLOWSHI	P OTHER	IVI NA	y. y	YY	M	v Y	YYY	7		
		RESIDENCY	I HORIZON CORPORATION	3/1 I I Actions	START DATE			END DA					
		DEPARTMENT/SPEC	IALTY (DO NOT ARE	DEVIATE									4
		DEFARTMENT/SPEC	IALIT (DO NOT ABE	OKEVIATE)					7	11 11			7
													J.
	20	NAME OF DIRECTOR	3										
ļ													

## **Additional Specialty Supplemental Form**

Additional specialty  ode lists are found on ages 36-43. Enter the ssociated 3-digit code the space provided.  IF NOT BOARD CERTIFIED SAND CODE  IF NOT BOARD CERTIFIED (SELECT ONE)  CERTIFYING BOARD CERTIFIED (SELECT ONE)  CERTIFYING BOARD CERTIFYING BOARD CERTIFIED (SELECT ONE)	NO AKEN SULTS FOR DARD CODE	INITIAL CERTIFICATION DATE RECERTIFICATION DATE (IF APPLICABLE) EXPIRATION DATE (IF APPLICABLE)	M M	M I INTEN	D D D D TO SIT	Y Y FOR AN	Y	YYY		THE !		NORY S?	F	HMO PPO POS TO TAK	SE.	YES YES YES	
ges 36-43. Enter the sociated 3-digit code the space provided.  CERTIFIED?  CERTIFIED?  CERTIFIED CERTIFIED CODE  IF NOT BOARD EXAM, RE CERTIFIED (SELECT ONE)  CERTIFYING BOARD CERTIFIED (SELECT ONE)	NO AKEN SULTS FOR DARD CODE	DATE (IF APPLICABLE) EXPIRATION DATE (IF APPLICABLE)	M			FOR AN	Y	Y Y			I DO	POT IN	F	POS TO TAK	Œ		
he space provided.  CERTIFYING BOARD CODE  IF NOT I HAVE TA BOARD EXAM, RE CERTIFIED (SELECT ONE)  CERTIFYING BO IF YOU INDICATED THAT YOU	AKEN SULTS FOR DARD CODE	(IF APPLICABLE)	M			FOR AN	Y	Ϋ́Υ					ITEND	то так		YES	
BOARD CERTIFIED (SELECT ONE)  CERTIFYING BO IF YOU INDICATED THAT YO	SULTS FOR  DARD CODE		M			FOR AN	i liogil k										
CERTIFYING BO	OU DID NOT INTE		M	M	DD	I V											
					RD EXAM	, PLEAS	SE USE	THE									
ditional specialty code		INITIAL CERTIFICATION DATE	M	M	D D	Υ	Υ	Y		BE LI	OU WIS STED I DIRECT	N ORY	ŀ	НМО		YES	
e lists are found on cs 36-43. Enter the	NO	RECERTIFICATION DATE (IF APPLICABLE)	M	īvi	DD	Υ	Υ	Y			IALTY		F	PPO		YES	
ociated 3-digit code the space provided.  CERTIFYING BOARD CODE		EXPIRATION DATE (IF APPLICABLE)	M	M.	D D	Ÿ	Y	YY					F	os		YES	
tional Specialties, occepy this page as leaded and submit as leaded and	SULTS			I INTEN	D TO SIT	FOR AN			7					TO TAK			
ONE)	DARD CODE		M	M	DD	Y.	Y	YY									
IF YOU INDICATED THAT YO FOLLOWING SPACE TO EXF	OU DID NOT INTE	ND TO TAKE A CER SE LEAVE THE SPA	RTIFYI	NG BOA LANK.	RD EXAM	, PLEAS	SE USE	THE									

## Partners/Associates **Supplemental Form**

ection 4	Practice Location Infor	mation					
artner/ ssociates	SPECIFY PRACTICE LOCATION	INDICATE THE PR	ACTICE LOCATION TO	WHICH YOU ARE ASSOCIATING THES	E PROVIDERS.		
e this page to port additional	► LOCATION #	PRI	MARY PRACTICE	PRACTICE NAME			
rtners/associates at e designated				PRACTICE ADDRESS			
actice location.			(r 4) 4/ 4/	T KACTICE ADDRESS			
PORTANT —							
the box provided,	LAST NAME		H H H	N N N N N		SPECIALTY CODE	COVERING
dicate to which actice location this							COLLEAGUE (Y/N)?
ge belongs.	FIRST NAME				M.L.	PROVIDER TYPE (C	ODE PG 36)
eck "Covering					70-1-1		
lleague?" if he/she							
ovides coverage for u at THIS location.	LAST NAME	بالحالبال			لحالحال	SPECIALTY CODE	COVERING
							COLLEAGUE (Y/N)?
ode lists are found pages 36-43. Enter	FIRST NAME				M.I.	PROVIDER TYPE (C	ODE PG 36)
e associated 3-digit de in the space	TIKOT NAME					THOUSEN THE LO	002110100
ovided.							
you need to report	LAST NAME					SPECIALTY CODE	COVERING
Iditional Intrustrians of the state of the s							COLLEAGUE (Y/N)?
						PROVIDER TYPE (C	ODE DC 36)
	FIRST NAME		er		M.I.	PROVIDER TIPE (C	ODE PG 36)
instructed.							
	LAST NAME					SPECIALTY CODE	COVERING
							COLLEAGUE (Y/N)?
	FIRST NAME				M.I.	PROVIDER TYPE (C	ODE PG 36)
	LAST NAME	ندالطالدان				SPECIALTY CODE	COVERING
	LASI NAME					SPECIALITY CODE	COLLEAGUE (Y/N)?
							(1714)
	FIRST NAME				M.I.	PROVIDER TYPE (C	ODE PG 36)
	LAST NAME					SPECIALTY CODE	COVERING
							(Y/N)?
	FIRST NAME				M.L.	PROVIDER TYPE (C	ODE PG 36)
	LAST NAME	No No No				SPECIALTY CODE	COVERING COLLEAGUE
							(Y/N)?
	FIRST NAME	استانسا استاد			M.I.	PROVIDER TYPE (C	ODE PG 36)
	LAST NAME	17 17 17		W No		SPECIALTY CODE	COVERING COLLEAGUE
							(Y/N)?
	FIRST NAME				M.I.	PROVIDER TYPE (C	karanan ayan rasuni

# Covering Colleagues Supplemental Form

Section 4	Practice Location Info	rmation		
Covering Colleagues	SPECIFY PRACTICE LOCATION	INDICATE THE PRACTICE LOCATION TO V	WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Include all colleagues	➤ LOCATION #	PRIMARY PRACTICE	PRACTICE NAME	,
providing regular coverage and his/her		astronomo astronomona.		
specialty, including if he/she is a partner in			PRACTICE ADDRESS	
one or more of your practice locations.				
IMPORTANT	LAST NAME			SPECIALTY CODE
In the box provided,				
indicate to which practice location this	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
page belongs.				
Code lists are found on				
pages 36-43. Enter the associated 3-digit code	LAST NAME			SPECIALTY CODE
in the space provided.				
If you need to report	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
additional Covering Colleagues, photocopy				
this page as needed and submit as				
instructed.	LAST NAME			SPECIALTY CODE
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
				The state of the s
	LAST NAME			SPECIALTY CODE
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
				SPECIALTY CODE
	LAST NAME			SPECIALTY CODE
7 <b>≡</b> 0	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	_	3099	•	

\* REQUIRED RESPONSE (IF THIS PAGE IS USED) NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP

Section 4	Practice Location Information - Page 1 of 5	
Additional Practice	➤ LOCATION*#	
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*  NO THIS ADDRESS?*  NO THIS ADDRESS?*	
MPORTANT		
n the box provided, ndicate to which practice location this page belongs.	PHYSICIAN GROUP / PRACTICE NAME TO APPEAR IN DIRECTORY (DO NOT ABBREVIATE)*	
For example, if you practice at three	GROUP / CORPORATE NAME AS IT APPEARS ON W-9, IF DIFFERENT FROM ABOVE (DO NOT ABBREVIATE)	
locations, the primary location is reported in	NUMBER* STREET* SUITE/BUILDING	
the main application and remaining locations would be	NUMBER STREET	
reported on	CITY* STATE* ZIP CODE*	
Supplemental Forms as Location 2 and Location 3.	SEND GENERAL CORRESPON- DENCE HERE?*  TELEPHONE*  FAX	
TIP Your Individual Tax ID is assumed to be	OFFICE E-MAIL ADDRESS	
your Primary Tax ID unless you specify	PRIMARY USE INDIVIDUAL USE TAX ID TAX ID TAX	
otherwise to the right.	INDIVIDUAL TAX ID GROUP TAX ID	
Office Manager		
or Business		
Office Contact	LAST NAME*	
List each contact separately. You may		
use the check boxes	FIRST NAME*	M.I.
below for convenience. Do not write		
instructions like "see above". These	TELEPHONE* FAX	
responses will be rejected and will		
require follow-up.	E-MAIL ADDRESS	
Billing Contact		
	LAST NAME*	
CHECK HERE TO USE OFFICE MANAGER AND		
OFFICE ADDRESS AS BILLING	FIRST NAME*	M.I.
INFORMATION		
	NUMBER* STREET* SUITE/BUILDING	
NOTE:	CITY* STATE* ZIP CODE*	
Even if you checked the boxes above,		
please provide the e-mail address of the	TELEPHONE* FAX	
Billing Contact, if available.		
or a still state of the	E-MAIL ADDRESS	
ľ	3100	

Practice Loc	ation Inf	ormati	on -	Page	2 of	5													
	and I and																		
ELECTRONIC BILLING CAPABILITIES?*	YES		BILL INC	DEPAR	TMENT (	E HOSDIT	ΔΙΒ.	ASED)											
CHECK PAYABLE TO*				, DET AIR			AL-D/												
LAST NAME*																			M.I.
NUMBER*	s	TREET*													]	SUIT	E/BUIL	DING	
CITY*													STA	TE*		ZIP	CODE*		
TELEPHONE*					FAX														
E-MAIL ADDRESS	11 11 11	Marian Car a			AL P			A. A.							187				
(USE HHMM FORM	MAT AND RO	A=AM P=PM	HE N	Zeras is		A=A	м			STA	ART					EN	D		A=AM P=PM
MONDAY								FRIDAY											
TUESDAY			-					SATURDAY	H			H	F		H	<u></u>		=	
THURSDAY								58073022						-60					
24/7 PHONE COVERAG		ANSWERIN	G	INSTRU	UCTIONS	TO CAL		WITH OTH	IER		AFTE	R HOUI	RS BA	CK OF	FICE	TELEP	HONE		
ACCEPT NEW PATIENT	TS INTO THIS P	RACTICE?*			YES	NO		ACCEP	T ALL I	NEW P	ATIEN	ITS?*						YES	NO
				*	YES	NO											F	YES	
IF ANY OF THE ABOVE VARIES BY	IS WITH PHYSI	CIAN REFER	RAL?		120		1	ACCEP	TNEW	MEDIC	CAID P	ATIEN	TS?*					1E3	
ARE THERE ANY PRACTICE LIMITATION	IS?* IF YES		MAI	E			LIMIT	MINIMUM	LIST	ОТНЕ	R LIM	ITATIO	NS						
VEN NO																			i
	LOCATION  ELECTRONIC BILLING CAPABILITIES?*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  FIRST NAME*  CITY*  TELEPHONE*  E-MAIL ADDRESS  (USE HHMM FORM  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  THURSDAY  ACCEPT NEW PATIEN  ACCEPT EXISTING PA  ACCEPT NEW PATIEN  IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN  ARE THERE ANY PRACTICE LIMITATION	LOCATION* #  ELECTRONIC BILLING CAPABILITIES?*  CHECK PAYABLE TO*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  NUMBER*  START  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  THURSDAY  THURSDAY  ACCEPT NEW PATIENTS INTO THIS P  ACCEPT NEW PATIENTS WITH CHAPTER ABOVE VARIES BY PLAN, EXPLAIN  ARE THERE ANY	LOCATION* #  ELECTRONIC BILLING CAPABILITIES?*  CHECK PAYABLE TO*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  TELEPHONE*  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO	ELECTRONIC BILLING CAPABILITIES?*  VES NO BILLING CHECK PAYABLE TO*  LAST NAME*  LAST NAME*  PIRST NAME*  LAST NAME*  STREET*  CITY*  TELEPHONE*  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEW START P=PM P=PM P=PM P=PM P=PM P=PM P=PM P=P	ELECTRONIC BILLING CAPABILITIES?*  PERSON  CHECK PAYABLE TO*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  STREET*  CITY*  TELEPHONE*  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEARES'  START  A=AM P-PM ENC  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  THURSDAY  THURSDAY  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN IN THE ABOVE VARIES BY PLAN, EXPLAIN ARE THERE ANY PRACTICE LIMITATIONS?*  IF YES  GENDER LIMITATION  GENDER LIMITATION  GENDER LIMITATION  ARE THERE ANY PRACTICE LIMITATIONS?*  IF YES  GENDER LIMITATION  GENDER LIMITATION  MALE  MALE	ELECTRONIC BILLING CAPABILITIES?*  VES NO  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  LAST NAME*  CITY*  TELEPHONE*  TELEPHONE*  TELEPHONE*  START  START  A=AM P=PM END  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  THURSDAY  THURSDAY  VES NO  ANSWERING SERVICE  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*	ELECTRONIC BILLING CAPABILITIES?*  BILLING DEPARTMENT (IF HOSPIT  CHECK PAYABLE TO*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  STREET*  CITY*  TELEPHONE*  FAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  A-AM  MONDAY  TUESDAY  WEDNESDAY  WEDNESDAY  THURSDAY  ZAI/T PHONE COVERAGE?*  IF YES  VOICE MAIL WITH INSTRUCTIONS TO CALL ANSWERING SERVICE  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  NO  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  NO  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  NO  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  NO  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  YES  NO  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  YES  NO  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  YES  NO  ARE THERE ANY PRACTICE LIMITATIONS?*  IF YES  MALE ONLY  MALE ONLY  NONE	ELECTRONIC BILLING CAPABILITIES?*  VES NO BILLING DEPARTMENT (IF HOSPITAL-BI  CHECK PAYABLE TO'  LAST NAME*  FIRST NAME*  LAST NAME*  CHECK PAYABLE TO'  CITY*  TELEPHONE*  FAX  E-MAIL ADDRESS  (USE HIMMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  A*AM P=PM  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  THURSDAY  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  IF ANY OF THE ABOVE VARIES BY PAONE EXPLAIS BY PACH CELIMITATIONS?*  IF YES  GENDER LIMITATIONS  AGE LIMIT	ELECTRONIC BILLING CAPABILITIES?*  PROPERTY OF THE ABOVE VARIES BY PLAN, EXPLAIN  LOCATION* #  ELECTRONIC BILLING DEPARTMENT (IF HOSPITAL-BASED)  BILLING DEPARTMENT (IF HOSPITAL-BASED)  BILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO*  BILLING DEPARTMENT (IF HOSPITAL-BASED)  BILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO*  FAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  A-AM P-PM P-PM P-PM P-PM P-PM P-PM P-P	LOCATION* #  ELECTRONIC BILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO'  CHECK PAYABLE TO'  CHECK PAYABLE TO'  CITY:  CITY:  TELEPHONE:  FAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  MONDAY  TUESDAY  WEDNESDAY  TUESDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  ACCEPT NEW PATIENTS INTO THIS PRACTICE?:  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?:  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?:  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?:  IF ANY OF THE ABOVE VARIES BY PLAN, ETPERIANY PRACTICE LIMITATIONS?:  IF YES  GENDER LIMITATIONS  AGE LIMITATIONS  LIST  MALE  LIST  GENDER LIMITATIONS  AGE LIMITATIONS  LIST  MALE  GENDER LIMITATIONS  LIST  MALE  GENDER LIMITATIONS  AGE LIMITATIONS  LIST  MALE  MA	ELECTRONIC #  ELECTRONIC BILLING CAPABILITIES?*  BILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO*  CHECK PAYABLE TO*  LAST NAME*  FIRST NAME*  FIRST NAME*  CITY*  CITY*  TELEPHONE*  FAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  START  A-AM PPM END  A-AM PPM FRIDAY  TUESDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  YES  NO  ACCEPT NEW MEDIC  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  YES  NO  ACCEPT NEW MEDIC  ARE THERE ANY PRACTICE LIMITATIONS?*  IF YES  GENDER LIMITATIONS  AGE LIMITATIONS  LIST OTHE  MALE  ROLE  ROLE	LOCATION® #  ELECTRONC BILLING DEPARTMENT (IP HOSPITAL BASED)  CHECK PAYABLE TO'  CHECK PAYABLE TO'  LAST NAME'  NUMBER' STREET'  CITY'  TELEPHONE' FAX  E-MAIL ADDRESS  (USE H-HIMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START A-BM END A-BM REPHAM START  MONDAY  TUESDAY  WEDNESDAY  WEDNESDAY  THURSDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  THURSDAY  ANSWERING SERVICE  ANSWERING SERVICE  ANSWERING SERVICE  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?'  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?'  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?'  ACE HERE ANY  PRACTICE LIMITATIONS?'  IF YES  GENDER LIMITATIONS  AGE LIMITATIONS  LIST OTHER LIMITATIONS  AGE LIMITATIONS  LIST OTHER LIMITATIONS  LIST OTHER LIMITATIONS  AND MALE HERE ANY  PRACTICE LIMITATIONS?'  IF YES  MALE  MALE	ELECTRONC BILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO:  LAST NAME*  LAST NAME*  CITY*  CITY*  CITY*  CITY*  CITY*  CITY*  TELEPHONE*  START  P-PM  START  P-PM  END  P-PM  END  P-PM  START  P-PM  END  P-PM  START  P-PM  START  P-PM  END  P-PM  START  P-PM  START  P-PM  START  P-PM  END  P-PM  START  P-PM  SATURDAY  THURSDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  ANSWERING  SERVICE  ANSWERING  SERVICE  ANSWERING  SERVICE  ANSWERING  SERVICE  ANSWERING  SERVICE  ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  GENORE LIMITATIONS  AGE LIMITATIONS  AGE LIMITATIONS  AND MINIMUM  MINIMUM	LICCATION* #  ELECTRONIC ELECTRON	ELECTRONIC  ELECTRONIC  ELECTRONIC  OCAPABILITIES**  VES NO  BILLING DEPARTMENT (IP HOSPITAL-BASED)  LAST HAME**  NUMBER*  STREET*  NUMBER*  STREET*  CITY*  STATE*  LAST HAME*  LAST HAME*  E-MAIL ADDRESS  UUSE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  START  PAM  MONDAY  TUESDAY  WEONESDAY  TUESDAY  WEONESDAY  TUESDAY  WEONESDAY  THURSDAY  THURSDAY  WEONESDAY  THURSDAY  WITH OTHER  ASSWERING SERVICE  ANSWERING SERVICE  ANSWERING SERVICE  ANSWERING SERVICE  NESTRUCTIONS  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REPERRAL?*  YES NO ACCEPT NEW MEDICAID PATIENTS?*  ACCEPT NEW MEDICAID PATIENTS?*  ACCEPT NEW MEDICAID PATIENTS?*  GENORE LIMITATIONS  MALLE  NONE  MINIMMUM  MINIMMUM	ELECTRONIC ELECTRONIC ELECTRONIC CAPABILITIES?*  PERST HAME:  NUMBER*  STREET*  NUMBER*  STREET*  NUMBER*  STREET*  CITY'  TELEPHONE:  PAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  PARM  END  APARM FRIDAY  TUESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  TUESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  THORSDAY  ASSWREING SERVICE ANSWREING SERVICE  ACCEPT NEW PATIENTS INTO THIS PRACTICE?'  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?'  ACCEPT NEW MEDICALD PATIENTS?'  ACCEPT NEW MEDICALD PATIEN	ELECTRONIC BILLING DEPARTMENT (IP HOSPITAL-BASED)  CRECK PAYABLE TO'  LAST RAME'  PREST NAME'  FIRST NAME'  FIRST NAME'  STATE'  SUIT  TELEPHONE'  FAX  E-MAIL ADDRESS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  PPM  START  START  FRIDAY  TUESBAY  WEDNESDAY  VEDNESDAY  WEDNESDAY  APTER HOURS BACK OFFICE TELEP  WITH OTHER  MISTRUCTIONS TO CALL  WITH OTHER  MISTRUCTIONS  ACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  VES NO ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  VES NO ACCEPT NEW MEDICADE PATIENTS?*  AACCEPT NEW PATIENTS WITH CHANGE OF PAYOR?*  PRACTICEL BUTATIONS?*  BY ES NO ACCEPT NEW MEDICAD PATIENTS?*  FANY OF THE  BANY OF	LOCATION* #  ELECTRONIC ELECTRONIC CAPABILITED'  SILLING DEPARTMENT (IF HOSPITAL-BASED)  CHECK PAYABLE TO?  CHECK PAYABLE TO?  CHECK PAYABLE TO?  CHECK PAYABLE TO?  CITY:  STATE:  SUITEBUIL  CITY:  STATE:  SIVER BUIL  CITY:  STATE:  STATE:  SIVER BUIL  CITY:  STATE:  STATE:  SIVER BUIL  CITY:  STATE:  STATE:  SIVER BUIL  STATE:  SUITE BUIL  STA	ELECTRONIC  ELECTRONIC  CAPABILITES?*  BILLING DEPARTMENT OF HOGSPITAL-BASSID)  CHECK PAYABLE TO*  LAST NAME*  PROT NAME*  FIRST NAME*  CUIT?*  STATE*  SUITEBULIONG  FIRST MAME*  CUIT?*  STATE*  EMAIL ADDRESS  CUSE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START  START  START  FRAM  MONDAY  TUESDAY  TUESDAY  THURSDAY  THURSDAY  THURSDAY  WE BOSDAY  THURSDAY  THURSDAY  WE DISSOAY  WE DISSOAY  THURSDAY  WE DISSOAY  THURSDAY  WE NO ASSWERING SERVICE  ARSWERING SERVICE  ANSWERING SERVICE  MISTRUCTIONS  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  YES NO ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  YES NO ACCEPT NEW MEDICAD PATIENTS?*  YES AND ACCEPT NEW MEDICAD PATIENTS?*

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP Section 4 Practice Location Information - Page 3 of 5 Additional ► LOCATION\* # Practice Location DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?\* (Continued) IMPORTANT (IF YES, PLEASE PROVIDE THE INFORMATION BELOW) In the box provided, indicate to which practice location this page belongs. PRACTITIONER LAST NAME PRACTITIONER FIRST NAME PRACTITIONER TYPE (E.G., PA Mid-Level **Practitioners** PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME PRACTITIONER TYPE (E.G., PA. PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME M.I. PRACTITIONER TYPE (E.G., PA, PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER STATE PRACTITIONER LAST NAME PRACTITIONER FIRST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information - Page 4 of 5 Additional LOCATION\* # **Practice** Location LANGUAGES (Continued) NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL IMPORTANT LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE In the box provided, INTERPRETERS LANGUAGES indicate to which YES NO INTERPRETED practice location this AVAILABLE? LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE page belongs. Accessibilities DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?\* YES NO DOES THIS SITE OFFER HANDICAPPED DOES THIS SITE OFFER OTHER ACCESSIBLE BY YES NO NO PUBLIC TRANSPORTATION? ACCESS FOR THE FOLLOWING SERVICES FOR THE DISABLED? YES NO BUILDING? BUS\* YES NO YES NO TEXT TELEPHONY (TTY)\* YES NO PARKING?\* YES NO AMERICAN SIGN LANGUAGE\* SUBWAY\* YES NO MENTAL/PHYSICAL IMPAIRMENT RESTROOM? YES YES NO REGIONAL TRAIN YES NO SERVICES\* OTHER TRANSPORTATION ACCESS OTHER HANDICAPPED ACCESS OTHER DISABILITY SERVICES Services Does this location provide any of the following services? IF YES, PROVIDE ACCREDITING/ LABORATORY SERVICES? CERTIFYING PROGRAM YES NO (E.G., CLIA, COLA, MLE) RADIOLOGY IF YES, PROVIDE X-RAY YES NO SERVICES? **CERTIFICATION TYPE** ROUTINE OFFICE EKGS? ALLERGY ALLERGY SKIN TESTING? YES NO YES NO YES NO YES INJECTIONS? (PELVIC/PAP)? AGE TYMPANOMETR Y/ AUDIOMETRY DRAWING FLEXIBLE SIGMOIDOSCOPY? YES NO APPROPRIATE IMMUNIZATIONS? YES NO YES NO YES BLOOD? SCREENING? ASTHMA OSTEOPATHIC MANIPULATION? IV HYDRATION/ TREATMENT? CARDIAC STRESS TEST? YES NO YES NO YES NO YES TREATMENT? PULMONARY PHYSICAL CARE OF MINOR YES NO YES NO YES NO **FUNCTION** THERAPY? LACERATIONS? TESTING? IF YES, WHAT IS ANESTHESIA ADMINISTERED IN YES NO CLASS/CATEGORY DO YOU USE? YOUR OFFICE? IF YES, WHO ADMINISTERS IT? LAST NAME TYPE OF PRACTICE SINGLE SPECIALTY GROUP MULTI-SPECIALTY GROUP SOLO PRACTICE (SELECT ONE ONLY) ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES) 3103

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP Section 4 Practice Location Information - Page 5 of 5 Additional ► LOCATION\* # **Practice** Location LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE (Continued) IMPORTANT In the box provided, COVERING LAST NAME SPECIALTY CODE COLLEAGUE indicate to which (Y/N)? practice location this page belongs. FIRST NAME PROVIDER TYPE (CODE PG 36) If you have additional partners/associates at THIS location, use the LAST NAME SPECIALTY CODE COVERING Partner/Associate COLLEAGUE Supplemental Form on (Y/N)? page 23. Photocopy as necessary. Be certain PROVIDER TYPE (CODE PG 36) FIRST NAME M.I. to indicate the Practice Location Number at the top of the page. Code lists are found on LAST NAME SPECIALTY CODE COVERING pages 36-43. Enter the COLLEAGUE associated 3-digit code (Y/N)? in the space provided. FIRST NAME PROVIDER TYPE (CODE PG 36) LAST NAME SPECIALTY CODE COVERING COLLEAGUE FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE Covering Colleagues LAST NAME SPECIALTY CODE Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided. FIRST NAME M.L. PROVIDER TYPE (CODE PG 36) If you have additional covering colleagues that are not partners at SPECIALTY CODE LAST NAME THIS location, use the Covering Colleagues Supplemental Form on page 24. Photocopy as FIRST NAME M.L PROVIDER TYPE (CODE PG 36) necessary. Be certain to indicate the Practice Location Number at the top of the page. SPECIALTY CODE LAST NAME FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) LAST NAME SPECIALTY CODE FIRST NAME PROVIDER TYPE (CODE PG 36) 3104

# Hospital Privileges (Current) Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED), NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

AL NAME		STREE																						
		STREE						-																
		STREE												Т										
		STREE	T,							Jł														
		STREE	T,				ì													Г				
M M Y Y Y FULL, UNRESTRICTED YES NO ARE PRIVILEGES TEMPORARY?  AFFILIATION START DATE  AFFILIATION END DATE																								
)NE								-		i -	ĭ			-			ŕ	-10	-	SU	II E/BUI	LDING		
)NE																								
)NE							l la										s	TATE		Z	IP COD	E		
ONE							Ш			H				÷.				П						
		-104					1	AX		_				37.1-	-41-	-								
										JL														
MENT NAME		10.00							-11					1				167						-10
MENT DIRECTO	R'S LAST	NAME					-23	23										-18-				312		( 5
																T								Г
MENT DIRECTO	R'S FIRST	NAME								Jł				_  _						k		-		M
III.																					2000			
AYY			M	M	Y	Y			Y	PRI	L, UNF	ESTRI	CTED		YES		NO	TE	E PRI	VILEGE ARY?	ES	YES	3	NC
ION START DA	TE		AFFIL	IATIO	N ENI	D DAT	E																	
															ADI	MISSI	ONS, V	HAT F	PERCE	ENTAG	E			%
NG PRIVILEGE	STATUS (	.G. NON	E, FULI	LUNR	ESTR	ICTE	o, PRO	VISIO	NAL, 1	EMP	RARY	')			IS I	OTH	is hos	PITAL	•					1
EXPLAIN										7			1					-	-					
	ION																	Щ						
							I							Т				-11						
							H			-			1	-1-				-1	-	-1				
	MENT DIRECTO	MENT DIRECTOR'S LAST  MENT DIRECTOR'S FIRST  ION START DATE  NG PRIVILEGE STATUS (E	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  NG PRIVILEGE STATUS (E.G. NON	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFIL  NG PRIVILEGE STATUS (E.G. NONE, FULL  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATIO  NG PRIVILEGE STATUS (E.G. NONE, FULL UNR  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATION EN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE AFFILIATION END DAT  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PRO	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIO	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPO	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  FULL, UNF PRIVILEGE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MONTH OF THE PRIVILEGES?  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  FULL, UNRESTRICTED PRIVILEGES?  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MONTH OF THE PRIVILEGES?  ION START DATE  AFFILIATION END DATE  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S FIRST NAME  FULL, UNRESTRICTED PRIVILEGES?  ION START DATE  AFFILIATION END DATE  OF ADD IS T  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIR	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S FIRST NAME  FULL, UNRESTRICTED YES NO PRIVILEGES?  NO START DATE AFFILIATION END DATE  OF YOUR TOTA ADMISSIONS, WE IS TO THIS HOS	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT D	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S FIRST NAME  FULL, UNRESTRICTED YES NO ARE PRIVILEGES?  FULL, UNRESTRICTED YES NO ARE PRIVILEGES?  FULL, UNRESTRICTED YES NO ARE PRIVILEGES?  OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCI IS TO THIS HOSPITAL?  NG PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)  EXPLAIN	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT D	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT D	MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT DIRECTOR'S LAST NAME  MENT DIRECTOR'S FIRST NAME  MENT

### Professional Liability Insurance Carrier Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Professional Liability Insurance Carrier Section 6 Other SELF-INSURED? YES NO Professional CARRIER OR SELF-INSURED NAME Liability Insurance Carrier NUMBER\* STREET SUITE/BUILDING List secondary / second layer / future or STATE\* ZIP CODE\* previous carrier(s). TYPE OF COVERAGE? INDIVIDUAL SHARED For second layer coverage list name of ORIGINAL EFFECTIVE DATE hospital/organization providing coverage DO YOU HAVE UNLIMITED COVERAGE YES NO WITH THIS INSURANCE CARRIER? AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE YES NO POLICY INCLUDES TAIL COVERAGE? POLICY NUMBER\* Other YES SELF-INSURED? **Professional** CARRIER OR SELF-INSURED NAME Liability Insurance Carrier NUMBER\* STREET SUITE/BUILDING List secondary / second layer / future or CITY STATE\* ZIP CODE\* previous carrier(s). INDIVIDUAL SHARED For second layer COVERAGE?\* coverage list name of ORIGINAL EFFECTIVE DATE\* hospital/organization providing coverage DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER? YES NO If you need additional AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE space for Insurance Coverage, photocopy POLICY INCLUDES TAIL COVERAGE? YES NO this page as needed and submit as instructed. POLICY NUMBER

# Work History Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 7	Work His	story																						
Work History	WORK HIST	ORY																						
Use this form to												П		П	Г		Г	T	T	Т	Г	Г		
continue listing work history.	PRACTICE / EN	IPLOYER	NAME				-										11-			11_	31			
If you need additional																								
space for Work History, photocopy this page as	NUMBER	A his Al.		STREET										1	7					SUIT	re/BUI	LDING		
needed and submit as instructed.																								
	CITY										3	STATE			ZIP/P	OSTA	L CO	DE	mid better			al Parameter	- I	-
										E														
	TELEPHONE				- 19		FA	х																
			M M	YY	Y	Y	1V	M	Y		Ÿ	Y												
	COUNTRY COD	E :	START DAT	E			EN	DATE					ed ()											
	REASON FOR D	EPARTUR	E (IF APPL	ICABLE)			10. 11											11	11				11 1	
																		L						
														П		Г	Г	Г	T			Т		
												11					l		11					
	WORK HIST	ORY																						
																		Ĭ	I		I			
	PRACTICE / EN	PLOYER	NAME									_						-	-21	_الـ				
	NUMBER			STREET																SUIT	rE/BUI	LDING		
	CITY										9	STATE			ZIP/P	OSTA	L COI	DE						
				=																				
	TELEPHONE			d. Bernelle	- 0	of Personal	FA	х		and Post			- 2											
			MM	YY	Y	Y	.N	M	Y	Y	Y	8												
	COUNTRY COD	Е :	START DAT	E	-11		ENI	DATE		- 13	15	21	ind (											
	THE RESIDENCE OF STREET ASSESSMENT			ICABLE)								- 11						11-	11	N/				
	REASON FOR D	EPARTUR	E (IF APPL	ionozz,																				
	REASON FOR D	EPARTUR	RE (IF APPL																					
	REASON FOR D	EPARTUR	RE (IF APPL														H	H	H					H

### Professional Training / Work History Gaps Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

### Section 7 **Professional Training / Work History Gaps Professional** GAP START DATE GAP END DATE Training / **Work History** Gaps Please explain any time periods or gaps in training or work history that have occurred since graduation from professional school and are longer than three month in duration GAP START DATE GAP END DATE or of a shorter duration if required by the organization for which you are being credentialed. GAP START DATE GAP END DATE GAP START DATE GAP END DATE GAP START DATE GAP END DATE

## **Disclosure Questions Supplemental Form**

Section 8	* REQUIRED RE			IS USED). N	O RESPO	NSE MA	Y CAUSE	PROCES	SSING D	ELAYS A	ND RE	QUIRE	FOLLOW	/-UP.					
1																			_
Disclosure Questions	QUESTION #	EXPLANA	IION																
Use this form to report								Щ		4							Щ		
any "Yes" response to one or more of the																			
Disclosure Questions						i						Ŧì.	Ħ				Ħ		
in Section 8. Your response should not																			_
exceed the spaces provided.																			
Record the question													==				H		
number in the first column, then your																			
explanation in the second column.							ΠF												
If you need additional space to explain a Yes																			
response, photocopy this page as needed																	T		
and submit as instructed.						إسال											ш		
mod doted.	QUESTION #	EXPLANA	TION																
				Film		111		1		1									
										-			_						
												4							
											1								
	QUESTION #	EXPLANA	TION			-								11					
												=				۲		= -	
										T.									
													_						
															H				
	Ĺ		1	ساليا									_		Ш				
T						-	100											1	
.,						3	3109	,									50-		

# Malpractice Claims Explanation Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 8	Malpractice Claims Explanation	
Malpractice Claims Explanation	DATE OF OCCURRENCE M M D D Y Y Y Y WAS FILED.	
Use this form to report any "Yes" response to Disclosure Question #19.	STATUS OF CLAIM* (NOTE: IF CASE IS PENDING, SELECT OPEN)  OPEN CLOSED IF SETTLED, ENTER DATE CLAIM WAS SETTLED  CLAIM WAS SETTLED	
If you need additional space to explain a Yes response, photocopy this page as needed and submit as instructed.	PROFESSIONAL LIABILITY CARRIER INVOLVED* (USE BOTH LINES IF NECESSARY)	
	NUMBER* STREET* SUITE/BUILDING	_
	CITY* STATE* ZIP CODE*	
	TELEPHONE POLICY NUMBER  METHOD OF DIGNIOSED SETTLED MEDIATION APPLICATION	
	AMOUNT OF AWARD OR SETTLEMENT*  JUDGMENT FOR DEFENDANT(S)  DESCRIPTION OF ALLEGATIONS* (USE ALL FOUR LINES BELOW, IF NECESSARY)	
	WERE YOU THE PRIMARY DEFENDANT OR CO-DEFENDANT?*  PRIMARY DEFENDANT  CO-DEFENDANT  CO-DEFENDANTS (IF ANY)	
	YOUR INVOLVEMENT IN CASE* (ATTENDING, CONSULTING, ETC)  DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY)	
	DID THE ALLEGED INJURY RESULT IN DEATH?  YES NO TO THE BEST OF YOUR KNOWLEDGE, IS THE CASE INCLUDED IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)?*  YES NO  3110	

#### **Provider Type Codes**

- Medical Doctor (MD)
- Doctor of Dental Surgery (DDS)
- Doctor of Dental Medicine (DMD) 003 004 Doctor of Podiatric Medicine (DPM)
- 005 Doctor of Chiropractic (DC)
- Osteopathic Doctor (DO)
- 020 Acupuncturist
- 021 Alcohol/Drug Counselor
- 022 Audiologist
- 023 Biofeedback Technician
- Certified Registered Nurse 024
  - Anesthetist
- 025 Christian Science Practitioner
- 026 Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker 028
- 029

- 030 Licensed Practical Nurse 031 Marriage/Family Therapist
- 032 Massage Therapist
- 033 Naturopath
- Neuropsychologist 034
- 035 Midwife 036
- Nurse Midwife 037 Nurse Practitioner
- Nutritionist
- 039
- Dietician 040 Optician
- Occupational Therapist

- 041 Optometrist 042 Pharmacist
- 043 Physical Therapist
- 044 Physician Assistant Professional Counselor 045
- 046 Registered Nurse
- Registered Nurse First Assistant 047
- 048 Respiratory Therapist
- 049 Speech Pathologist

#### License Status Codes

001 Active 002 Canceled 003 Denied 004 Expired 005 Inactive

Lapsed

006

007

- Pending 008 009 Probation
- Provisional 010 011 Restricted
- Revoked 012 013 Suspended 014 Surrendered
- 015 Temporary 016 Terminated
- Time Limited

#### Limited **Country Codes**

- Afghanistan Albania
- 012 Algeria
- 016 American Samoa 020 Andorra
- 024 Angola Anguilla 660 Antarctica 010
- 028 Antiqua and Barbuda Argentina 032
- 051 Armenia 533 Aruba
- 036 Australia 040 Austria 031 Azerbaijan
- 044 Bahamas 048 Bahrain
- 050 Bangladesh 052 Barbados
- 112 Belarus 056 Belaium 084
- Belize 204 Benin 060 Bermuda
- 064 Bolivia 068
- Bosnia and Herzegovina 070 072 Botswana 074 Bouvet Island
- 076 British Indian Ocean Territory 086
- Brunei Darussalam 096 100 Bulgaria 854 Burkina Faso
- 108 Burundi Cambodia 116 120 Cameroon 124 Canada
- 132 Cape Verde 136 Cayman Islands
- 140 Central African Republic 148 Chad 152 Chile
- 156 China 162 Christmas Island Cocos (Keeling) Islands
- 170 Colombia

- 174 Comoros
- 178 Congo 180 Congo, Democratic Republic of the
- 184 Cook Islands 188 Costa Rica 384 Cote d'Ivoire
- 191 Croatia 192 Cuba 196
- Cyprus 203 Czech Republic 208 Denmark 262 Djibouti
- 212 Dominica 214 Dominican Republic 626 East Timor (provisional)
- 218 Ecuador 818 Egypt 222 El Salvador
- 226 **Equatorial Guinea** 232 Eritrea
- 233 Estonia 231 Ethiopia
- 238 Falkland Islands (Malvinas)
- Faroe Islands 234
- 242 Fiji Finland 246 250
- France 249 France, Metropolitan
- 254 French Guiana 258 French Polynesia 260
- French Southern Territories
- 266 Gabon 270 Gambia 268 Georgia
- 276 Germany 288 Ghana Gibraltar 292
- 300 Greece 304 Greenland 308 Grenada 312
- Guadaloupe 316 Guam Guatemala 320 324 Guinea
- 624 Guinea-Bissau 328 Guyana 332 Haiti

- 019
- 018 Unrestricted Other
  - Heard Island and McDonald
  - Islands Honduras
- Hong Kong 344 348 Hungary
- 352 Iceland 356 India
- Indonesia 360 364 Iran 368 Iraq
- 372 Ireland 376 Israel 380 Italy 388 Jamaica
- 392 Japan Jordan 400 398 Kazakhstan
- 404 Kenya Kiribati 408 Korea, North
- 410 Korea, South 414 Kuwait 417 Kyrgyzstan 418 Laos
- 428 Latvia 422 Lebanon 426 Lesotho
- 430 Liberia 434 Libya 438 Liechtenstein 440 Lithuania
- 442 Luxemboura 446 Macau 807 Macedonia 450 Madagascar
- 454 Malawi 458 Malaysia Maldives 462 466 Mali Malta
- 470 584 Marshall Islands 474 Martinique 478 Mauritania 480 Mauritius 175 Mayotte
- Mexico 583 Micronesia

- 498 Moldova Monaco
- Mongolia Montserrat 500
- 504 Могоссо 508 Mozambique
- 104 Myanmar 516 Namibia
- 520 Nauru 524 Nepal
- Netherlands 528 530 Netherlands Antilles
- 540 New Caledonia 554 New Zealand 558 Nicaragua Niger

- 566 Nigeria 570 Niue
- Norfolk Island 580 Northern Mariana Islands
- 578 Norway 512 Oman 586 Pakistan Palau
- Panama 598 Papua New Guinea
- 600 Paraguay 604 Peru 608 Philippines 612 Pitcairn
- Poland 616 Portugal 620 630 Puerto Rico 634 Qatar
- 638 Réunion 642 Romania Russian Federation 643
- 646 Rwanda 654 Saint Helena 659 Saint Kitts and Nevis
- 662 Saint Lucia 666 Saint Pierre and Miguelon 670 Saint Vincent and the
  - Grenadines

#### **Country Codes (continued)**

882	Samoa		Sandwich Islands	772	Tokelau	548	Vanuatu
674	San Marino	724	Spain	776	Tonga	336	Vatican City State (Holy See)
678	São Tomé and Príncipe	144	Sri Lanka	780	Trinidad and Tobago	862	Venezuela
682	Saudi Arabia	736	Sudan	788	Tunisia	704	Viet Nam
683	Scotland	740	Suriname	792	Turkey795 Turkmenistan	092	Virgin Islands, British
686	Senegal	744	Svalbard and Jan Mayen	796	Turks and Caicos Islands	850	Virgin Islands, U.S.
690	Seychelles	748	Swaziland	798	Tuvalu	876	Wallis and Fortuna Islands
694	Sierra Leone	752	Sweden	800	Uganda	732	Western Sahara (provisional)
702	Singapore	756	Switzerland	804	Ukraine	887	Yemen
703	Slovakia	760	Syria	784	United Arab Emirates	891	Yugoslavia
705	Slovenia	158	Taiwan	826	United Kingdom	894	Zambia
090	Solomon Islands	762	Tajikistan	840	United States	716	Zimbabwe
706	Somalia	834	Tanzania	581	U.S. Minor Outlying Islands		
710	South Africa	764	Thailand	858	Uruguay		
239	South Georgia and the South	768	Togo	860	Uzbekistan		

### Language Codes

333	100 March 1904	222	8890 900
001	Abkhazian	061	Kinyarwanda
002	Afan (Oromo)	062	Kirghiz
500 500 572	Afar	063	Kurundi
55.5500	Afrikaans	064	Korean
	Albanian	065	Kurdish
006	Amharic	066	Laothian
007	Arabic	067	Latin
800	Armenian	068	Latvian;Lettish
009	Assamese	069	Lingala
010	Zerbaijani	070	Lithuanian
011	Bashkir	071	Macedonian
012	Basque	072	Malagasy
013	Bengali;Bangla	073	Malay
014	Bhutani	074	Malayalam
015	Bihari	075	Maltese
016	Bislama	076	Maori
017	Breton	077	Marathi
018	Bulgarian	078	Moldavian
019	Burmese	079	Mongolian
020	Byelorussian	080	Nauru
021	Cambodian	081	Nepali
022	Catalan	082	Norwegian
023	Chinese	083	Occitan
024	Corsican	084	Oriya
025	Croatian	085	Pashto; Pushto
026	Czech	086	Persian (Farsi)
027	Danish	087	Polish
028	Dutch	088	Portuguese
140	English	089	Punjabi
030	Esperonto	090	Quechua
031	Estonian	091	Rhaeto-Romance
032	Faroese	092	Romanian
033	Fiji	093	Russian
034	Finnish	094	Samoan
035	French	095	Sangho
036	Frisian	096	Sanskrit
037	Galican	097	Scot Gaelic
038	Georgian	098	Serbian
039	German	099	Serbo-Croatian
040	Greek	100	Sesotho
041	Greenlandic	101	Setswana
042	Guarani	102	Shona
043	Gujarati	103	Sindhi
044	Hausa	104	Singhalese
045	Hebrew	105	Siswati
046	Hindi	106	Slovak
047	Hungarian	107	Slovenian
048	Icelandic	108	Somali
049	Indonesian	109	Spanish
050	Interlingua	110	Sundanese
051	Interlingue	111	Swahili
052	Inuktitut	112	Swedish
053	Inupiak	113	Tagalog
054	Irish	114	Tajik
055	Italian	115	Tamil
056	Japanese	116	Tatar
057	Javanese	117	Telugu
058	Kannada	118	Thai
059	Kashmiri	119	Tibetan
060	Kazakh	120	Tigrinya

121 Tonga 122 Tsonga 123 Turkish 124 Turkmen 125 Twi 126 Uigur 127 Ukrainian 128 Urdu 129 Uzbek 130 Vietnamese 131 Volapuk 132 Welsh 133 Wolof 134 Xhosa 135 Yiddish 136 Yoruba 10 Zerbaijani 137 Zhuang 138 Zulu

#### U.S. / Canadian Professional School Codes

#### Alabama

- 300 University of Alabama School of Dentistry
- 001 University of Alabama School of Medicine
- 002 University of South Alabama College of Medicine

#### Arkansa

003 University of Arkansas College of Medicine

#### Arizona

- 500 Arizona College of Osteopathic Medicine
- 004 University of Arizona College of Medicine

#### California

- 801 California College of Podiatric Medicine
- 400 Cleveland Chiropractic College of Los Angele
- 005 Keck School of Medicine
- 401 Life Chiropractic College West
- 301 Loma Linda University School of Dentistry
- 006 Loma Linda University School of Medicine
- 402 Los Angeles College of Chiropractic
- 403 Palmer College of Chiropractic West
- 404 Quantum University/SCCC
- 007 Stanford University School of Medicine
- 501 Touro University College of Osteopathic Medicine
- 008 UCLA School of Medicine
- 009 University of California
- 010 University of California, Irvine, College of Medicine
- 302 University of California, Los Angeles School of Dentistry
- 011 University of California, San Diego, School of Medicine
- 303 University of California, San Francisco, School of Dentistry
- 012 University of California, San Francisco, School of Medicine
- 304 University of Southern California School of Dentistry
- 305 University of the Pacific School of Dentistry
- 502 Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

#### Colorado

- 306 University of Colorado School of Dentistry
- 013 University of Colorado School of Medicine

#### Connecticut

- 405 University of Bridgeport College of Chiropractic
- 307 University of Connecticut School of Dental Medicine
- 014 University of Connecticut School of Medicine
- 015 Yale University School of Medicine

#### District of Columbia

- 016 George Washington University
- 017 Georgetown University School of Medicine
- 308 Howard University College of Dentistry
- 018 Howard University College of Medicine

#### Florida

- 800 Barry University School of Graduate Medical Sciences
- 309 Nova Southeastern University College of Dentistry
- 503 Nova Southeastern University College of Osteopathic Medicine
- 310 University of Florida College of Dentistry
- 019 University of Florida College of Medicine
- 020 University of Miami School of Medicine
- 021 University of South Florida College of Medicine

#### Georgia

- 022 Emory University School of Medicine
- 406 Life Chiropractic College
- 311 Medical College of Georgia School of Dentistry
- 023 Medical College of Georgia School of Medicine
- 024 Mercer University School of Medicine
- 025 Morehouse School of Medicine

#### Hawaii

026 John A. Burns School of Medicine

#### lowa

- 802 College of Podiatric Medicine and Surgery Des Moines University
- 504 Des Moines University, Osteopathic Medical Center, College of Osteopathic Medicine and Surgery
- 407 Palmer College of Chiropractic
- 312 University of Iowa College of Dentistry
- 027 University of Iowa College of Medicine

#### Illinois

- 028 Chicago Medical School, Finch University of Health Sciences
- 029 Loyola University Chicago, Stritch School of Medicine
- 505 Midwestern University, Chicago College of Osteopathic Medicine
- 408 National College of Chiropractic
- 313 Northwestern University Dental School
- 030 Northwestern University Medical School
- 031 Rush Medical College of Rush University
- 804 Scholl College of Podiatric Medicine at Finch University
- 314 Southern Illinois University School of Dental Medicine
- 032 Southern Illinois University School of Medicine
- 033 University of Chicago, The Pritzker School of Medicine
- 315 University of Illinois at Chicago College of Dentistry
- 034 University of Illinois College of Medicine

#### Indiana

- 316 Indiana University School of Dentistry
- 035 Indiana University School of Medicine

#### Kansas

036 University of Kansas School of Medicine

- 506 Pikeville College, School of Osteopathic Medicine
- 317 University of Kentucky College of Dentistry
- 037 University of Kentucky College of Medicine
- 318 University of Louisville School of Dentistry
- 038 University of Louisville School of Medicine

#### Louisiana

- 319 Louisiana State University School of Dentistry
- 039 Louisiana State University School of Medicine in New Orleans
- 040 Louisiana State University School of Medicine in Shreveport
- 041 Tulane University School of Medicine

#### Massachusetts

- 042 Boston University School of Medicine
- 320 Boston University, Goldman School of Dental Medicine
- 043 Harvard Medical School
- 321 Harvard School of Dental Medicine
- 322 Tufts University School of Dental Medicine
- 044 Tufts University School of Medicine
- 045 University of Massachusetts Medical School

#### Maryland

- 046 Johns Hopkins University School of Medicine
- 047 Uniformed Services University of the Health Sciences
- 048 University of Maryland School of Medicine
- 323 University of Maryland, Baltimore, College of Dental Surgery

#### Maine

507 University of New England, College of Osteopathic Medicine

#### Michigan

- 049 Michigan State University College of Human Medicine
- 508 Michigan State University, College of Osteopathic Medicine
- 324 University of Detroit Mercy School of Dentistry
- 050 University of Michigan Medical School325 University of Michigan School of Dentistry
- 051 Wayne State University School of Medicine

#### .

- Minnesota 052 Mayo Medical School
- 409 Northwestern College of Chiropractic
- 053 University of Minnesota, Duluth School of Medicine
- University of Minnesota Medical School, Twin CitiesUniversity of Minnesota School of Dentistry

#### Missouri

- 410 Cleveland Chiropractic College of Kansas City
- 509 Kirksville College of Osteopathic Medicine
- 411 Logan Chiropractic College
- 055 Saint Louis University School of Medicine
- 510 University of Health Sciences, College of Osteopathic Medicine
- 056 University of Missouri, Columbia School of Medicine
- 327 University of Missouri Kansas City School of Dentistry
- 057 University of Missouri Kansas City School of Medicine
- 058 Washington University in St. Louis School of Medicine

#### U.S. / Canadian Professional School Codes (continued)

328 University of Mississippi School of Dentistry

059 University of Mississippi School of Medicine

#### North Carolina

060 Duke University School of Medicine

The Brody School of Medicine at East Carolina University 061

329 University of North Carolina at Chapel Hill School of Dentistry

University of North Carolina at Chapel Hill School of Medicine

Wake Forest University School of Medicine

#### North Dakota

064 University of North Dakota School of Medicine and Health Sciences

#### Nebraska

Creighton University School of Dentistry 330

Creighton University School of Medicine 065

066 University of Nebraska College of Medicine

331 University of Nebraska Medical Center, College of Dentistry

#### **New Hampshire**

067 Dartmouth Medical School

#### **New Jersey**

068 Robert Wood Johnson Medical School

University of Medicine and Dentistry of New Jersey (UMDNJ)

332 UMDNJ, New Jersey Dental School

UMDNJ, School of Osteopathic Medicine 511

#### **New Mexico**

070 University of New Mexico School of Medicine

#### Nevada

071 University of Nevada School of Medicine

072 Albany Medical College

073 Albert Einstein College of Medicine

Columbia University College of Physicians and Surgeons 074

Columbia University School of Dental and Oral Surgery 333

075 Joan & Sanford I. Weill Medical College of Cornell University

Mount Sinai School of Medicine of New York University 076

412 New York Chiropractic College

NY College of Osteopathic Medicine of the NY Institute of Technology 512

077 New York Medical College

334 New York University Kriser Dental Center

New York University School of Medicine 078

State University of New York at Buffalo School of Dental Medicine

082 State University of New York at Buffalo School of Medicine

336 State University of New York at Stony Brook School of Dental Medicine

State University of New York at Stony Brook School of Medicine 081

079 State University of New York College of Medicine

State University of New York Upstate Medical University 080

University of Rochester School of Medicine and Dentistry

#### Ohio

Case Western Reserve University School of Dentistry 337

Case Western Reserve University School of Medicine 084

Medical College of Ohio

Northeastern Ohio Universities College of Medicine

803 Ohio College of Podiatric Medicine

Ohio State University College of Dentistry 338

087 Ohio State University College of Medicine and Public Health

Ohio University College of Osteopathic Medicine

University of Cincinnati College of Medicine

089 Wright State University School of Medicine

#### Oklahoma

Oklahoma State University, College of Osteopathic Medicine

University of Oklahoma College of Dentistry 339

090 University of Oklahoma College of Medicine

#### Oregon

Oregon Health & Science University School of Medicine

340 Oregon Health Sciences University School of Dentistry

413 Western States Chiropractic College

#### Pennsylvania

092 Jefferson Medical College of Thomas Jefferson University

Lake Erie College of Osteopathic Medicine 515

093 MCP Hahnemann University School of Medicine

094 Pennsylvania State University College of Medicine

Philadelphia College of Osteopathic Medicine

Temple University School of Dentistry 095

Temple University School of Medicine

805 Temple University School of Podiatric Medicine

University of Pennsylvania School of Dental Medicine

University of Pennsylvania School of Medicine 343 University of Pittsburgh School of Dental Medicine

097 University of Pittsburgh School of Medicine

#### Puerto Rico

098 Ponce School of Medicine

099 Universidad Central del Caribe School of Medicine

University of Puerto Rico School of Medicine

344 University of Puerto Rico School of Dentistry

#### Rhode Island

101 Brown Medical School

#### South Carolina

345 Medical University of South Carolina College of Dental Medicine

102 Medical University of South Carolina College of Medicine

414 Sherman College of Chiropractic

103 University of South Carolina School of Medicine

#### South Dakota

104 University of South Dakota School of Medicine

105 East Tennessee State University

346 Meharry Medical College School of Dentistry

106 Meharry Medical College School of Medicine

347 University of Tennessee College of Dentistry

University of Tennessee College of Medicine 108 Vanderbilt University School of Medicine

Texas

348 Baylor College of Dentistry

109 Baylor College of Medicine

415 Parker College of Chiropractic

416 Texas Chiropractic College

Texas Tech University Health Sciences Center School of Medicine 110

The Texas A & M University System College of Medicine 111

517 UNT Health Sciences Center, Texas College of Osteopathic Medicine

University of Texas Health Science Center at Houston Dental School

University of Texas Health Science Center at San Antonio Dental School

University of Texas Medical Branch at Galveston

University of Texas Medical School at Houston 113

University of Texas Medical School at San Antonio 114

115 UT Southwestern Medical Center at Dallas Southwestern Medical School

116 University of Utah School of Medicine

#### Virginia

117 Eastern VA Medical School of the Medical College of Hampton Roads

118 University of Virginia School of Medicine Health System

Virginia Commonwealth University School of Dentistry

119 Virginia Commonwealth University School of Medicine

#### Vermont

120 University of Vermont College of Medicine

#### Washington

352 University of Washington School of Dentistry

121 University of Washington School of Medicine

#### Wisconsin

353 Marguette University School of Dentistry

122 Medical College of Wisconsin

123 University of Wisconsin Medical School

#### West Virginia

124 Joan C. Edwards School of Medicine at Marshall University

518 West Virginia School of Osteopathic Medicine

354 West Virginia University School of Dentistry

West Virginia University School of Medicine

#### U.S. / Canadian Professional School Codes (continued)

- 355 Dalhousie University Faculty of Dentistry
- Dalhousie University Faculty of Medicine
- Laval University Faculty of Dentistry 357
- Laval University Faculty of Medicine
- McGill University Faculty of Dentistry 356
- 128 McGill University Faculty of Medicine
- 129 McMaster University School of Medicine
- Memorial University of Newfoundland Faculty of Medicine 130
- Queen's University Faculty of Health Sciences 131
- The University of Western Ontario Faculty of Medicine & Dentistry 132
- Universite de Montreal Faculty of Medicine 133
- 134 Universite de Sherbrooke Faculty of Medicine
- 358 University of Alberta Faculty of Dentistry
- 135 University of Alberta Faculty of Medicine
- University of British Columbia Faculty of Dentistry 359
- 136 University of British Columbia Faculty of Medicine
- 137 University of Calgary Faculty of Medicine
- 360 University of Manitoba Faculty of Dentistry
- 138 University of Manitoba Faculty of Medicine
- University of Montreal Faculty of Dentistry 361
- University of Ottawa Faculty of Medicine 139
- University of Saskatchewan College of Dentistry 362
- 140 University of Saskatchewan College of Medicine
- 363 University of Toronto Faculty of Dentistry 141 University of Toronto Faculty of Medicine
- University of Western Ontario Faculty of Dentistry

#### Specialty Codes - MD / DO Only

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

- 247 Allergy & Immunology Allergy & Immunology, Allergy Allergy & Immunology, Clinical & Laboratory Immunology 249 Anesthesiology 235 Anesthesiology, Addiction Medicine 258 Anesthesiology, Critical Care Medicine Anesthesiology, Pain Medicine 363 Clinical Pharmacology 367 Colon & Rectal Surgery 263 Dermatology Dermatology, Clinical & Laboratory 292 Dermatological Immunology Dermatology, Dermatological Surgery Dermatology, Dermatopathology 266 Dermatology, MOHS-Micrographic Surgery 264 Dermatology, Pediatric Dermatology 443 **Emergency Medicine** 268 Emergency Medicine, Emergency Medical 445 Services Emergency Medicine, Medical Toxicology 427
- 348 Emergency Medicine, Pediatric Emergency Medicine
- 395 Emergency Medicine, Sports Medicine
- Emergency Medicine, Undersea and Hyperbaric 446 Medicine
- Facial Plastic Surgery 391
- 272 Family Practice
- 447 Family Practice, Addiction Medicine
- 237 Family Practice, Adolescent Medicine
- Family Practice, Adult Medicine 448
- Family Practice, Geriatric Medicine 282
- Family Practice, Sports Medicine 396
- 225 General Practice
- 479 Hospitalist
- 301 Internal Medicine
- 449 Internal Medicine, Addiction Medicine
- Internal Medicine, Adolescent Medicine 236 248
- Internal Medicine, Allergy & Immunology Internal Medicine, Cardiovascular Disease
- Internal Medicine, Clinical & Laboratory Immunology
- Internal Medicine, Clinical Cardiac 253 Electrophysiology
- 257 Internal Medicine, Critical Care Medicine
- Internal Medicine, Endocrinology, Diabetes & Metabolism
- 275 Internal Medicine, Gastroenterology
- 285 Internal Medicine. Geriatric Medicine

- 287 Internal Medicine, Hematology
- Internal Medicine, Hematology & Oncology 288
- Internal Medicine, Hepatology
- 299 Internal Medicine, Infectious Disease
- 451 Internal Medicine, Interventional Cardiology
- Internal Medicine, Magnetic Resonance Imaging 453
- Internal Medicine, Medical Oncology
- 309 Internal Medicine, Nephrology
- 378 Internal Medicine, Pulmonary Disease Internal Medicine, Rheumatology 390
- 397 Internal Medicine, Sports Medicine
- Laboratories, Clinical Medical Laboratory 433
- 481 Legal Medicine
- 278 Medical Genetics, Clinical Biochemical Genetics
- 261 Medical Genetics, Clinical Cytogenetic
- Medical Genetics, Clinical Genetics (M.D.) 277
- Medical Genetics, Clinical Molecular Genetics 280
- Medical Genetics, Molecular Genetic Pathology 455
- Medical Genetics, Ph.D. Medical Genetics 454
- Neonatal-Perinatal Medicine 306
- Neopathology 308
- 409 Neurological Surgery
- Neuromusculoskeletal Medicine & OMM 330
- Neuromusculoskeletal Medicine, Sports Medicine 440
- Nuclear Medicine 317
- Nuclear Medicine, In Vivo & In Vitro Nuclear 318 Medicine
- 315 Nuclear Medicine, Nuclear Cardiology
- 316 Nuclear Medicine, Nuclear Imaging & Therapy
- Obstetrics & Gynecology 321
- Obstetrics & Gynecology, Critical Care Medicine 260
- 326 Obstetrics & Gynecology, Gynecologic Oncology
- 286 Obstetrics & Gynecology, Gynecology
- 303 Obstetrics & Gynecology, Maternal & Fetal
- 320 Obstetrics & Gynecology, Obstetrics
- Obstetrics & Gynecology, Reproductive 271 Endocrinology
- Ophthalmology 328
- Oral & Maxillofacial Surgery
- Orthopaedic Surgery
- Orthopaedic Surgery, Adult Reconstructive 412 Orthopaedic Surgery
- Orthopaedic Surgery, Foot and Ankle Orthopaedics
- Orthopaedic Surgery, Hand Surgery
- Orthopaedic Surgery, Orthopaedic Surgery of the

- Orthopaedic Surgery, Orthopaedic Trauma
- Orthopaedic Surgery, Sports Medicine 457
- 119 Orthopedic
- 331 Otolaryngology
- Otolaryngology, Otolaryngic Allergy 458
- 459 Otolaryngology, Otolaryngology/ Facial Plastic
- Otolaryngology, Otology & Neurotology
- 357 Otolaryngology, Pediatric Otolaryngology
- Otolaryngology, Plastic Surgery within the Head 417 & Neck
- 480 Pain Medicine, Interventional Pain Medicine
- Pain Medicine 337
- Pathology, Anatomic Pathology
- Pathology, Anatomic Pathology & Clinical 340 Pathology
- Pathology, Blood Banking & Transfusion 250
- Medicine
- 344 Pathology, Chemical Pathology
- 302 Pathology, Clinical
- Pathology/Laboratory Medicine
- 262 Pathology, Cytopathology
- Pathology, Dermatopathology 265
- Pathology, Forensic Pathology 273 Pathology, Hematology 290
- Pathology, Immunopathology 298
- 305 Pathology, Medical Microbiology
- 461 Pathology, Molecular Genetic Pathology
- 312 Pathology, Neuropathology
- 358 Pathology, Pediatric Pathology
- 244 Pediatrics
- 239 Pediatrics, Adolescent Medicine
- Pediatrics, Clinical & Laboratory Immunology
- Pediatrics, Developmental -462 Behavioral Pediatrics
- 354 Pediatrics, Medical Toxicology
- Pediatrics, Neurodevelopmental Disabilities
- Pediatrics, Pediatric Allergy & Immunology
- Pediatrics, Pediatric Cardiology 346
- Medicine Pediatrics, Pediatric Emergency
- Medicine Pediatrics, Pediatric Endocrinology

Pediatrics, Pediatric Critical Care

Neurology

#### Specialty Codes - MD/DO Only

350	Pediatrics, Pediatric
	Gastroenterology
351	Pediatrics, Pediatric Hematology-
	Oncology
352	Pediatrics, Pediatric Infectious
	Diseases
355	Pediatrics, Pediatric Nephrology
359	Pediatrics, Pediatric Pulmonology
361	Pediatrics, Pediatric Rheumatology
398	Pediatrics, Sports Medicine
365	Physical Medicine & Rehabilitation
468	Physical Medicine & Rehabilitation,
	Pain Medicine
389	Physical Medicine & Rehabilitation,
	Pediatric Rehabilitation Medicine
466	Physical Medicine & Rehabilitation,
	Spinal Cord Injury Medicine
469	Physical Medicine & Rehabilitation,
	Sports Medicine
419	Plastic Surgery
470	Plastic Surgery, Plastic Surgery
	Within the Head and Neck
407	Plastic Surgery, Surgery of the
	Hand
242	Preventive Medicine, Aerospace
	Medicine
429	Preventive Medicine, Medical
	Toxicology
112	Preventive Medicine, Occupational
	Medicine

_		
	471	Preventive Medicine, Sports Medicine
	431	Preventive Medicine, Undersea and Hyperbaric Medicine
	114	Preventive Medicine/Occupational Environmental Medicine
	370	Psychiatry & Neurology, Addiction Medicine
	473	Psychiatry & Neurology, Addiction Psychiatry
	371	Psychiatry & Neurology, Child & Adolescent Psychiatry
	313	Psychiatry & Neurology, Clinical Neurophysiology
	274	Psychiatry & Neurology, Forensic Psychiatry
	373	Psychiatry & Neurology, Geriatric Psychiatry
	472	Psychiatry & Neurology, Neurodevelopmental Disabilities
	100	Psychiatry & Neurology, Neurology
	311	Psychiatry & Neurology, Neurology

with Special Qualifications in Child

474 Psychiatry & Neurology, Pain

368 Psychiatry & Neurology, Psychiatry475 Psychiatry & Neurology, Sports

476 Psychiatry & Neurology, Vascular

Neurology

Medicine

Medicine

000	
366	Public Health & General Preventive
	Medicine
252	Radiology, Body Imaging
173	Radiology, Diagnostic Radiology
430	Radiology, Diagnostic Ultrasound
314	Radiology, Neuroradiology
319	Radiology, Nuclear Radiology
360	Radiology, Pediatric Radiology
380	Radiology, Radiation Oncology
477	Radiology, Radiological Physics
381	Radiology, Therapeutic Radiology
384	Radiology, Vascular &
	Interventional Radiology
434	Supplier
399	Surgery
418	Surgery, Pediatric Surgery
420	Surgery, Plastic and Reconstructive
	Surgery
405	Surgery, Surgery of the Hand
425	Surgery, Surgical Critical Care
413	Surgery, Surgical Oncology
423	Surgery, Trauma Surgery
400	Surgery, Vascular Surgery
421	Thoracic Surgery (Cardiothoracic
	Vascular Surgery)
442	Transplant Surgery
424	Urology

#### Specialty Codes - DDS / DMD / DPM / DC

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

DDS / DMD			I	DC	
2	Dentist	3	Podiatrist	1	Chiropractor
13	Dentist, Dental Public Health	231	Podiatrist, Foot & Ankle Surgery	5	Chiropractor, Internist
14	Dentist, Endodontics	230	Podiatrist, Foot Surgery	6	Chiropractor, Neurology
438	Dentist, General Practice	225	Podiatrist, General Practice	7	Chiropractor, Nutrition
16	Dentist, Oral and Maxillofacial Pathology	227	Podiatrist, Primary Podiatric Medicine	8	Chiropractor, Occupational Medicine
439	Dentist, Oral and Maxillofacial Radiology	226	Podiatrist, Public Medicine	9	Chiropractor, Orthopedic
20	Dentist, Oral and Maxillofacial Surgery	228	Podiatrist, Radiology	10	Chiropractor, Radiology
15	Dentist, Orthodontics and Dentofacial Orthopedics	229	Podiatrist, Sports Medicine	11	Chiropractor, Sports Physician
17	Dentist, Pediatric Dentistry		T 85	12	Chiropractor, Thermography
18	Dentist, Periodontics				
19	Dentist, Prosthodontics				

#### Specialty Codes - Allied Providers

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

NOTE:	THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE
501	Acupuncturist
503	Audiologist
504	Audiologist, Assistive Technology Practitioner
505	Audiologist, Assistive Technology Supplier
531	Christian Science Practitioner
727	Clinical Nurse Specialist
728	Clinical Nurse Specialist, Acute Care
729	Clinical Nurse Specialist, Adult Health
730	Clinical Nurse Specialist, Chronic Care
731	Clinical Nurse Specialist, Community Health/Public Health
732	Clinical Nurse Specialist, Critical Care Medicine
733	Clinical Nurse Specialist, Emergency
734	Clinical Nurse Specialist, Ethics
735	Clinical Nurse Specialist, Family Health
736	Clinical Nurse Specialist, Gerontology
737	Clinical Nurse Specialist, Holistic
738	Clinical Nurse Specialist, Home Health
739	Clinical Nurse Specialist, Informatics
740	Clinical Nurse Specialist, Long-Term Care
741	Clinical Nurse Specialist, Medical-Surgical
742	Clinical Nurse Specialist, Neonatal
743	Clinical Nurse Specialist, Neuroscience
744	Clinical Nurse Specialist, Occupational Health
745	Clinical Nurse Specialist, Oncology
746	Clinical Nurse Specialist, Oncology, Pediatrics
747	Clinical Nurse Specialist, Pediatrics
748	Clinical Nurse Specialist, Perinatal
749	Clinical Nurse Specialist, Perioperative
750	Clinical Nurse Specialist, Psychiatric/Mental Health
751	Clinical Nurse Specialist, Psychiatric/Mental Health, Adult

752 Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent

7	753	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family
- 5	754	Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically III
	755	Clinical Nurse Specialist, Psychiatric/Mental Health, Community
15	756	Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric
5	757	Clinical Nurse Specialist, Rehabilitation
7	759	Clinical Nurse Specialist, School
5	758	Clinical Nurse Specialist, Transplantation
- 5	760	Clinical Nurse Specialist, Women's Health
	513	Counselor
	514	Counselor, Addiction (Substance Use Disorder)
1	15	Counselor, Mental Health
1	16	Counselor, Professional
	533	Dietitian, Registered
1	536	Dietitian, Registered, Nutrition, Metabolic
	534	Dietitian, Registered, Nutrition, Pediatric
	535	Dietitian, Registered, Nutrition, Renal
(	551	Licensed Practical Nurse
	517	Marriage & Family Therapist
	547	Massage Therapist
	549	Midwife, Certified
	552	Midwife, Certified Nurse
	551	Naturopath
1	553	Neuropsychologist
(	553	Nurse Anesthetist, Certified Registered
135	354	Nurse Practitioner
	555	Nurse Practitioner, Acute Care
	556	Nurse Practitioner, Adult Health
(	558	Nurse Practitioner, Community Health
(	557	Nurse Practitioner, Critical Care Medicine
(	559	Nurse Practitioner, Family

### Specialty Codes - Allied Providers (continued)

Spe	ecialty Codes - Allied Providers (continued)		
660	Nurse Practitioner, Gerontology	675	Registered Nurse, Critical Care Medicine
	Nurse Practitioner, Neonatal		Registered Nurse, Diabetes Educator
	Nurse Practitioner, Neonatal, Critical Care		Registered Nurse, Dialysis, Peritoneal
	Nurse Practitioner, Obstetrics & Gynecology Nurse Practitioner, Occupational Health	684	Registered Nurse, Emergency Registered Nurse, Enterostomal Therapy
	Nurse Practitioner, Occupational Health		Registered Nurse, Effectstoffial Therapy
20000000	Nurse Practitioner, Pediatrics, Critical Care		Registered Nurse, Gastroenterology
666	Nurse Practitioner, Perinatal	687	
	Nurse Practitioner, Primary Care	689	NO. 160 1 160 160 160 160 160 160 160 160 1
	Nurse Practitioner, Psych/Mental Health	691	Registered Nurse, Hemodialysis Registered Nurse, Home Health
	Nurse Practitioner, School Nurse Practitioner, Women's Health		Registered Nurse, Hospice
	Nutritionist		Registered Nurse, Infection Control
538	Nutritionist, Nutrition, Education	693	Registered Nurse, Infusion Therapy
	Occupational Therapist		Registered Nurse, Lactation Consultant
	Occupational Therapist, Ergonomics Occupational Therapist, Hand		Registered Nurse, Maternal Newborn Registered Nurse, Medical-Surgical
	Occupational Therapist, Human Factors		Registered Nurse, Neonatal Intensive Care
	Occupational Therapist, Neurorehabilitation		Registered Nurse, Neonatal, Low-Risk
560	Occupational Therapist, Pediatrics	701	Registered Nurse, Nephrology
	Occupational Therapist, Rehabilitation, Driver		Registered Nurse, Neuroscience
	Optician Optometrist		Registered Nurse, Nurse Massage Therapist (NMT) Registered Nurse, Nutrition Support
	Optometrist, Corneal and Contact Management		Registered Nurse, Obstetric, High-Risk
	Optometrist, Low Vision Rehabilitation		Registered Nurse, Obstetric, Inpatient
	Optometrist, Occupational Vision		Registered Nurse, Occupational Health
	Optometrist, Pediatrics		Registered Nurse, Oncology
	Optometrist, Sports Vision		Registered Nurse, Ophthalmic
	Optometrist, Vision Therapy Pharmacist		Registered Nurse, Orthopedic
	Pharmacist, General Practice		Registered Nurse, Ostomy Care Registered Nurse, Otorhinolaryngology & Head-Neck
	Pharmacist, Nuclear Pharmacy		Registered Nurse, Pain Management
576	Pharmacist, Nutrition Support		Registered Nurse, Pediatric Oncology
	Pharmacist, Pharmacotherapy		Registered Nurse, Pediatrics
	Pharmacist, Psychopharmacy		Registered Nurse, Perinatal
	Physical Therapist Physical Therapist, Cardiopulmonary		Registered Nurse, Plastic Surgery Registered Nurse, Psych/Mental Health
	Physical Therapist, Cardiopulificitaly Physical Therapist, Electrophysiology, Clinical		Registered Nurse, Psych/Mental Health, Adult
	Physical Therapist, Ergonomics		Registered Nurse, Psych/Mental Health, Child & Adolescent
	Physical Therapist, Geriatrics		Registered Nurse, Rehabilitation
	Physical Therapist, Hand		Registered Nurse, Reproductive Endocrinology/Infertility
	Physical Therapist, Human Factors		Registered Nurse, School
	Physical Therapist, Neurology Physical Therapist, Orthopedic		Registered Nurse, Urology Registered Nurse, Women's Health Care, Ambulatory
	Physical Therapist, Pediatrics		Registered Nurse, Wound Care
	Physical Therapist, Sports		Respiratory Therapist, Certified
	Physician Assistant		Respiratory Therapist, Certified, Critical Care
	Physician Assistant, Medical		Respiratory Therapist, Certified, Educational
	Physician Assistant, Surgical Psychologist		Respiratory Therapist, Certified, Emergency Care Respiratory Therapist, Certified, General Care
	Psychologist, Addiction (Substance Use Disorder)		Respiratory Therapist, Certified, Geriatric Care
	Psychologist, Adult Development & Aging		Respiratory Therapist, Certified, Home Health
	Psychologist, Behavioral		Respiratory Therapist, Certified, Neonatal/Pediatrics
	Psychologist, Child, Youth & Family		Respiratory Therapist, Certified, Palliative/Hospice
	Psychologist, Clinical Psychologist, Counseling		Respiratory Therapist, Certified, Patient Transport Respiratory Therapist, Certified, Pulmonary Diagnostics
	Psychologist, Educational		Respiratory Therapist, Certified, Pulmonary Function Technologist
	Psychologist, Exercise & Sports		Respiratory Therapist, Certified, Pulmonary Rehabilitation
605	Psychologist, Family	630	Respiratory Therapist, Certified, SNF/Subacute Care
	Psychologist, Forensic		Respiratory Therapist, Registered
	Psychologist, Health		Respiratory Therapist, Registered, Critical Care
	Psychologist, Men & Masculinity Psychologist, Mental Retardation & Developmental Disabilities		Respiratory Therapist, Registered, Educational Respiratory Therapist, Registered, Emergency Care
	Psychologist, Psychoanalysis		Respiratory Therapist, Registered, General Care
	Psychologist, Psychotherapy		Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group		Respiratory Therapist, Registered, Home Health
	Psychologist, Rehabilitation		Respiratory Therapist, Registered, Neonatal/Pediatrics
	Psychologist, School Psychologist, Women		Respiratory Therapist, Registered, Palliative/Hospice Respiratory Therapist, Registered, Patient Transport
	Registered Nurse		Respiratory Therapist, Registered, Pulmonary Diagnostics
	Registered Nurse, Addiction (Substance Use Disorder)		Respiratory Therapist, Registered, Pulmonary Function Technologist
	Registered Nurse, Administrator		Respiratory Therapist, Registered, Pulmonary Rehabilitation
	Registered Nurse, Ambulatory Care		Respiratory Therapist, Registered, SNF/Subacute Care
	Registered Nurse, Cardiac Rehabilitation		Social Worker, Clinical
	Registered Nurse, Case Management Registered Nurse, College Health		Specialist/Technologist, Other, Biomedical Engineering Speech-Language Pathologist
	Registered Nurse, Confeder Health		Technician, Other, Biomedical Engineering
	Registered Nurse, Continence Care		Other, Not Listed
679	Registered Nurse, Continuing Education/Staff Development		

#### Specialty Boards - Allied Providers

940 Academy of Certified Social Workers

1150 ACNM Certification Council

360 American Academy of Ambulatory Care Nursing

1550 American Academy of Anesthesiologist Assistants

230 American Academy of Audiology

370 American Academy of Experts in Traumatic Stress

270 American Academy of Health Providers in the Addictive Disorders

200 American Academy of Medical Acupuncture

405 American Academy of Nurse Practitioners

380 American Academy of Nursing

1330 American Academy of Optometry

1480 American Academy of Physician Assistants

1110 American Association for Marriage and Family Therapy

390 American Association of Critical Care Nurses

1590 American Association of Nurse Anesthetists

330 American Association of Pastoral Counselors

1010 American Association of Sex Educators, Counselors and Therapists

710 American Board Medical Psychotherapists

280 American Board of Addiction Medicine

950 American Board of Examiners in Clinical Social Work

720 American Board of Medical Psyhotherapists & Psychodiagnosticians

400 American Board of Nursing Specialties

1240 American Board of Nutrition

1300 American Board of Occupational Medicine

1360 American Board of Ophthalmology

1510 American Board of Physical Therapy Specialties

700 American Board of Professional Psychology

1130 American Naturopath Certification Board

350 American Nurses Credentialing Center

740 American Psychological Association

750 American Psychological Society

760 American Psychotherapy Association

290 American Society of Addiction Medicine

1650 American Speech-Language-Hearing Association

250 Biofeedback Certification Institute of America

1430 Board of Pharmaceutical Specialties

1250 Commission on Dietetic Registration 960 Employee Assistance Professionals Association

780 National Association for the Advancement of Psychoanalysis

1450 National Association of Boards of Pharmacy

1600 National Association of Nurse Anesthetists

770 National Association of School Psychologists

980 National Association of Social Workers

1310 National Board for Certification in Occupational Therapy

1490 National Board for Certification of Orthopaedic Physician Assistants

790 National Board for Certified Clinical Hypnotherapists

310 National Board for Certified Counselors

1630 National Board for Respiratory Care

300 National Board of Addiction Examiners

800 National Board of Cognitive Behavioral Therapists

1350 National Board of Examiners in Optometry

1090 National Certification Board for Therapeutic Massage and Bodywork

210 National Certification Commission for Acupuncture and Oriental Medicine

1440 National Institute for Standards in Pharmacist Credentialing

220 Other - Not Listed

#### Specialty Boards - MD / DDS / DMD / DO / DPM

#### MD Boards

044 American Board of Allergy & Immunology

045 American Board of Anesthesiology

046 American Board of Colon & Rectal Surgery

047 American Board of Dermatology

048 American Board of Emergency Medicine

049 American Board of Family Medicine

050 American Board of Internal Medicine

051 American Board of Medical Genetics052 American Board of Neurological Surgery

053 American Board of Nuclear Medicine

054 American Board of Obstetrics & Gynecology
 055 American Board of Ophthalmology

109 American Board of Oral & Maxillofacial Surgeons

056 American Board of Orthopedic Surgery

057 American Board of Otolaryngology

058 American Board of Pathology

059 American Board of Pediatrics

060 American Board of Physical Medicine & Rehabilitation 061 American Board of Plastic Surgery

062 American Board of Preventive Medicine

063 American Board of Psychiatry & Neurology

064 American Board of Radiology

065 American Board of Surgery

066 American Board of Thoracic Surgery

067 American Board of Urology

142 Boards other than ABMS/AOA

#### **Dental Boards**

113 American Board of Endodontics

114 American Board of Oral & Maxillofacial Pathology 117 American Board of Oral & Maxillofacial Radiology

109 American Board of Oral & Maxillofacial Surgeons

108 American Board of Orthodontics

12 American Board of Pediatric Dentistry

111 American Board of Periodontology

115 American Board of Prosthodontics

106 American Board of Public Health Dentistry

120 Boards other than ABMS/AOA

#### 00 Boards

118 American Osteopathic Board of Anesthesiology

119 American Osteopathic Board of Dermatology

120 American Osteopathic Board of Emergency Medicine

121 American Osteopathic Board of Family Practice

123 American Osteopathic Board of Internal Medicine

124 American Osteopathic Board of Neurology and Psychiatry

125 American Osteopathic Board of Neuromuskuloskeletal Medicine

126 American Osteopathic Board of Nuclear Medicine

127 American Osteopathic Board of Obstetrics and Gynecology

128 American Osteopathic Board of Ophthalmology and Otolaryngology

129 American Osteopathic Board of Orthopedic Surgery

130 American Osteopathic Board of Pathology

131 American Osteopathic Board of Pediatrics

132 American Osteopathic Board of Preventive Medicine

133 American Osteopathic Board of Proctology

134 American Osteopathic Board of Radiology

American Osteopathic Board of Rehabilitation Medicine
 American Osteopathic Board of Surgery

#### NAMES OF TAXABLE PARTY.

140 American Board of Medical Specialists in Podiatry

137 American Board of Medical Specialists in Podiatry

137 American Board of Podiatric Orthopedics and Primary Podiatric Medicine

138 American Board of Podiatric Surgery

139 American Council of Certified Podiatric Surgeons and Physicians