Provider Application

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Instructions Read all instructions carefully prior to submitting your application.	1. Complet 2. Use a b 3. Print leg 4. Do not e 5. Complet 6. Some fie	lue or black i gibly and insidenter more that te all sectionselds use "cool	delays pplication and nk ball-point p de the boxes p an 1 characte s that are appl des" to help yo risks (*) indica	en only. Dorovided bar per box. licable to you easily re	o not use ased upor If necess ou. eport infor	a pen the e ary, wi mation	cil or a fe xamples rite outsion (e.g., sc	elt-tip pen given abo de the pro hools, lar	ove. ovided spanguages).	aces. . Code list	s are fou			
SECTION 1	Personal	Information	on and Pro	fession	al IDs									
Provider Type			ound on page 36. digit code in the s			YES	NO	(E.G. PATH	IOLOGISTS,	, ANESTHES	IOLOGIST	HE INPATIENT S, ER PHYSICI I ASSISTANT, I	ANS, NUI	
Name Do not use nicknames or initials, unless they are part of your legal name.	LAST NAME*											SU	FFIX (JR,	III)
	FIRST NAME*							MIDDLE NAN	ΛE.					
	HAVE YOU EVE	R USED ANOTH	ER NAME?*	YES	NO	IF `	YES, PLEAS	SE LIST AL	L OTHER N	AMES USED	AND THE	IR DATES OF U	JSE BELO	ow.
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General														
Information	GENDER*	MALE	FEMALE		DATE	OF BIRT	гн* М	м Б	DY	YY	Υ			
Only enter a Foreign National Identification Number if you do not have a SSN. Do not enter National Provider Identification (NPI) Number here.	CITY OF BIRTH									STATE BIRTH	OF	COUNTRY OF BIRTH		
Code lists are found on pages 36-43. Enter the	SSN*	-	-		FOR	EIGN NA	TIONAL IDE	NTIFICATION	N NUMBER (I	FNIN)		FNIN COUNT	RY OF ISS	SUE
associated 3-digit code in the space provided.	ENTER ALL NON- LANGUAGES YO		LANGUAGE	CODE I	ANGUAGE C	ODE	LANGUA	GE CODE	LANGU	JAGE CODE	LANG	UAGE CODE		
Home Address	NUMBER		STREET									APT NUMBER		
	CITY									STATE		ZIP CODE		
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	FAX	_					PREFERE	RED METHO	D OF CONT	ГАСТ*	E-MAIL	FAX		
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	\star REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REC	QUIRE FOLLOW-UP.
Section 1	Personal Information and Professional IDs (Continu	ued)
Professional IDS Include all state licenses, 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. Non-licensed professionals should enter certification/ registration number in the space provided for license number. If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on	CDS CERTIFICATE NUMBER CDS STATE OF REGISTRATION 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. LICENSE STATUS CODE	CDS ISSUE DATE MMDDYYYYY CDS ISSUE DATE MMDDYYYYY CDS EXPIRATION DATE MMDDYYYYYY LICENSE ISSUE DATE MMDDYYYYYY LICENSE EXPIRATION DATE Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
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. LICENSE STATUS CODE LICENSE TYPE	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 3-digit code in space provided.
Other ID Numbers If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.		UPIN MEDICAID STATE THOUT HYPHENS) THOUGH CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)
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Section 2	Education and Training
Undergraduate	UNDERGRADUATE SCHOOL
School(s)	
Provide the appropriate information for the	OFFICIAL NAME OF UNDERGRADUATE SCHOOL
school that issued your undergraduate degree	
and all schools attended.	ADDRESS
	CITY STATE ZIP/POSTAL CODE
Professional	
School(s)	COUNTRY CODE
Provide the appropriate information for the	COUNTRY CODE TELEPHONE FAX
school that issued your	
professional degree.	START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
Fifth Pathway Graduates please complete the following sections: U.S. School that issued your	DID YOU COMPLETE YOUR UNDERGRADUATE EDUCATION AT THIS SCHOOL? YES NO
certificate, the Non-U.S. School where you attended, and the Fifth	GRADUATE TYPE*:
Pathway institution where you completed your training on	U.S. OR CANADIAN GRADUATE NON-U.S./CANADIAN GRADUATE FIFTH PATHWAY GRADUATE
Supplemental Page 20.	U.S. OR CANADIAN SCHOOL
Code lists are found on pages 36-43. Enter the associated 3-digit code	SCHOOL CODE (U.S./ CANADIAN ONLY) NAME OF U.S./ CANADIAN SCHOOL:
in the space provided. If you have additional	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
Undergraduate or Professional Schools to report, use the Education Supplemental	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL? END BATE (GRADUATION DATE) PESICE AWARDED NO
Form on page 20.	NON - U.S. OR CANADIAN SCHOOL
	OFFICIAL NAME OF NON-U.S. PROFESSIONAL SCHOOL
	ADDRESS
	CITY COUNTRY CODE POSTAL CODE
	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL? YES NO

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Fellowship and Other	NAME OF DIR	ECTOR															
programs separately.	INTERNS										1						
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Secondary Specialty	SPECIALTY CODE					ERTIFICA I	DATE	M	1 D	D	Υ	Υ	Υ	Υ	BI TI	E LIST	ECTOR		НМО	YES	
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	CPR?*	YES	NO	М	M	D	D	Υ	Υ	Υ	Υ	LIFE	TRAUMA ORT?*		YES	N	0	M	M	D	D	Υ	Υ	Υ	Υ
	ADV CARDIAC LIFE SPT?*	YES	NO	М	M	D	D	Υ	Υ	Υ	Υ	ADVA	ATRIC NCED SPT?*		YES	N	О	M	M	D	D	Υ	Υ	Υ	Υ
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* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 **Practice Location Information** (Continued) DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?* **Mid-Level** YES NO **Practitioners** (IF YES, PLEASE PROVIDE THE INFORMATION BELOW) PRACTITIONER LAST NAME PRACTITIONER FIRST NAME МΙ PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER FIRST NAME M.I. PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME мі PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER FIRST NAME PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER STATE

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	ACCESS FOR THE F		AFFED		RVICES F					YES	NO				PORTA	TION?	•	YES	<u> </u>	N
	BUILDING?*	YES	NO		TEXT TE	LEPHON	Y (TTY)*			YES	NO		ı	BUS*				YES	;	N
	PARKING?*	YES	NO		AMERIC	AN SIGN	LANGUA	AGE*		YES	NO		;	SUBW	AY*			YES	š	N
	RESTROOM?*	YES	NO			/PHYSIC	AL IMPAI	RMENT		YES	NO			REGIO	NAL TE	RAIN*		YES	3	N
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es	Does this location	n provide ar	ny of the	following ser	vices?															
	LABORATORY	YES	NO	IF YES, PRO			G/													
	SERVICES?	120		(E.G., CLIA																
	RADIOLOGY	YES	NO	IF YES, PR																
	SERVICES?			CERTIFICA	TION TYPE															
	EKGS?	YES	NO	ALLERGY		VEO	Π.		ALLEI	RGY SKIN		(E0	NO.				FFICE		v=o	
				INJECTION	S?	YES		10	TESTI	NG?	'	/ES	NO	,	GYNE (PELV				YES	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIA IMMUNIZAT		YES	N	10	FLEXI	BLE DIDOSCOP	Y? \	rES	NO)	TYMP. Y/ AUI SCRE	DIOME	TRY		YES	
	ASTHMA TREATMENT?	YES	NO	OSTEOPAT	ніс	YES		10		DRATION/	,	rES	NO)	CARD	IAC		ī	YES	
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	ADMINISTERED IN YOUR OFFICE?	YES	NO	CLASS/CAT DO YOU US																
	IF YES, WHO ADMINISTERS IT?																			
		LAST NAME									FI	RST NA	ME							
	TYPE OF PRACTICE																			
	(SELECT ONE ONLY)		SOLO	PRACTICE		SIN	GLE SPE	CIALT	Y GROL	IP	М	ULTI-SP	ECIAL	TY GR	OUP					
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* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 **Practice Location Information** (Continued) LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE Partners/ **Associates** Code lists are found on COVERING LAST NAME SPECIALTY CODE pages 36-43. Enter the COLLEAGUE associated 3-digit code (Y/N)? 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 (Y/N)? necessary. Be certain to check "Primary FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) Location" at the top of the page. SPECIALTY CODE LAST NAME COVERING COLLEAGUE (Y/N)? FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE Covering **Colleagues** Code lists are found on SPECIALTY CODE LAST NAME 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 SPECIALTY CODE LAST NAME Supplemental Form on page 24. Photocopy as necessary. Be certain FIRST NAME M.I. to check "Primary PROVIDER TYPE (CODE PG 36) Location" at the top of the page. SPECIALTY CODE LAST NAME FIRST NAME МΙ PROVIDER TYPE (CODE PG 36) Section 5 **Hospital Affiliations** DO YOU HAVE HOSPITAL IF YOU DO NOT ADMIT PATIENTS, WHAT **Admitting** TYPE OF ADMITTING ARRANGEMENTS DO **Arrangements** PRIVILEGES? YOU HAVE? 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 STREET 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 ARE PRIVILEGES TEMPORARY? **FULL, UNRESTRICTED** YES NO YES NO PRIVILEGES? TIP Be certain your AFFILIATION START DATE AFFILIATION END DATE admission percentages OF YOUR TOTAL ANNUAL % add up to 100% for ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? 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 SUITE/BUILDING CITY ZIP CODE STATE **TELEPHONE** DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME M.I. FULL, UNRESTRICTED PRIVILEGES? ARE PRIVILEGES TEMPORARY? YES 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

ı	* REQUIRED RESPONSE. NO RESPONSE	SE MAY CAUSE	PROCESS	SING DELA	YS AND REG	QUIRE FOL	LOW-UP.				I
Section 6	Professional Liability I	nsurance	Carrie	er							
Professional Liability										SELF-INSURED?*	YES
Insurance	CARRIER OR SELF-INSURED NAME*										
Carrier											
IMPORTANT IF YOU DO NOT	NUMBER* STR	EET*								SUITE/BUILDIN	G
CARRY MALPRACTICE INSURANCE, CHECK											
THIS BOX AND SKIP THIS SECTION.	CITY*								STATE*	ZIP CODE*	
THIS SECTION.	ORIGINAL EFFECTIVE DATE*	EFFECTIVE DA	Y Y	Y	EXPIR	ATION DAT	Y Y	Υ	TYPE OF COVERAGE?	* INDIVIDUAL	SHARED
	DO YOU HAVE UNLIMITED COVERAGE	VE0	NO	œ T					œ O		
	WITH THIS INSURANCE CARRIER?*	YES	NO	φ	<u></u> ,				Φ	,,,,,,,	L L
	POLICY INCLUDES TAIL COVERAGE?	YES	NO	AMOU	NT OF COVE	RAGE PER	OCCURREN	GE.	AMOUNT OF	COVERAGE AGGREG	ATE.
	POLICY NUMBER*										
Professional										SELF-INSURED?	YES
Liability Insurance	CARRIER OR SELF-INSURED NAME										
Carrier											
List other current,	NUMBER* STR	 EET*								SUITE/BUILDIN	 G
future, or previous carrier(s) if current											
carrier is less than ten	OUTV		Ш						074754	710 00D5t	
(10) years.	CITY*								STATE*	ZIP CODE*	
NOTE: A longer period may be required by	M M Y Y Y Y	M M	ΥΥ	Y	M	MY	YY	Υ	TYPE OF COVERAGE?	* INDIVIDUAL	SHARED
your healthcare entity.	ORIGINAL EFFECTIVE DATE*	EFFECTIVE DA	ATE*		EXPIR	ATION DAT	E				
If you have additional	DO YOU HAVE UNLIMITED COVERAGE	YES	NO	\$					\$		
Insurance, use the	WITH THIS INSURANCE CARRIER?	123		AMOU	NT OF COVE	RAGE PER	OCCURREN	CE	AMOUNT OF	COVERAGE AGGREGA	
Supplemental Insurance Form on page 31.	POLICY INCLUDES TAIL COVERAGE?	YES	NO	AMOO	NT OF COVE	KAGE I EK	OCCORNER	oL	AMOUNTO	COVERAGE AGGREGA	\\\L
	POLICY NUMBER*										
Section 7	Work History and Refe	rences									
Military Duty	Are you currently on active military duty or military reserve?*	YES	NO								
Work History	WORK HISTORY										
Include a chronological											
work history for the past 10 years.	PRACTICE / EMPLOYER NAME										
A longer period may be	THE STATE OF EACH PARTY.										
required by your											
healthcare entity.	NUMBER STR	EET								SUITE/BUILDII	1G
If you have additional											
work history, use the Supplemental Work History Form on page 32.	СІТҮ					STAT	ΓE	ZIP/POS	STAL CODE		
				30	89						I

* 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 START DATE END DATE 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 PRACTICE / EMPLOYER NAME NUMBER STREET SUITE/BUILDING CITY STATE ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE **END DATE** REASON FOR DEPARTURE (IF APPLICABLE) WORK HISTORY PRACTICE / EMPLOYER NAME SUITE/BUILDING NUMBER STREET CITY ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE REASON FOR DEPARTURE (IF APPLICABLE)

7	Work His	tory	and l	Refe	ren	ces	(Co	ntin	ued)															
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	TELEPHONE								F	ΑX														

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

Section 8 **Disclosure Questions Disclosure** LICENSURE Questions Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, YES 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 YES NO Has there been any challenge to your licensure, registration or certification?* explanation on the Supplemental Disclosure Question HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS 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 or governing board?* **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, resi-YES dency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?* NO Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status YES as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?* YES NO Have any of your board certifications or eligibility ever been revoked?* 8. 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-YES 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, 14 YES NO 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 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 YES 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

accommodation?

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 19 Answer all questions. If yes, provide information for each case. For any "Yes" response, provide an **CRIMINAL/CIVIL HISTORY** explanation on the 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 YES NO traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, compe-21. **IMPORTANT** If you answered "Yes" tence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual to question #19, you 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 ("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-YES 24. 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?*

NO 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.

Signature*	Name (print)*	
M M D D Y Y Y		
DATE SIGNED*		
	3094	

Professional IDs Supplemental Form

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

Section 1	Personal Information and Professional IDs	
Professional IDs Include all additional state licenses, 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. If you need to report additional Professional IDs, photocopy this page as needed and submit as instructed.	FEDERAL DEA NUMBER DEA STATE OF REGISTRATION CDS CERTIFICATE NUMBER	M M D D Y Y Y Y DEA ISSUE DATE M M D D Y Y Y Y DEA EXPIRATION DATE CDS ISSUE DATE
	CDS STATE OF REGISTRATION	M D D Y Y Y Y Y CDS EXPIRATION DATE
	CDS CERTIFICATE NUMBER	M M D D Y Y Y Y CDS ISSUE DATE M M D D Y Y Y Y
	STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? YES NO	CDS EXPIRATION DATE M M D D Y Y Y Y LICENSE ISSUING STATE LICENSE ISSUE DATE M M D D Y Y Y Y
	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 OURDENTLY OR A STATE LICENSE, ARE YOU OUR A STATE LICENSE, ARE YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR AND YOUR A	LICENSE ISSUING STATE LICENSE ISSUE DATE
	CURRENTLY PRACTICING IN THIS STATE? 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	FIFTH PATHWAY GRADUATES ONLY
Education	
	INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING WAS PERFORMED (DO NOT ABBREVIATE)
	ADDRESS
	CITY STATE ZIP CODE
	TELEPHONE FAX
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO M M Y Y Y Y M M M Y Y Y
	START DATE END DATE (GRADUATION DATE)
Other Relevant	
Education	
If you need to report	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
additional Education, photocopy this page as	
needed and submit as instructed.	NUMBER STREET SUITE/BUILDING
	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
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
	NUMBER STREET SUITE/BUILDING
	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
1	3079

Other Training Supplemental Form

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

Section 2	Educa	tior	n a	nd 1	Γrai	nin			,			.02																					
Training																												1					
List all postgraduate training programs you attended. Use one																													Α		ATED	DE (E MEDI	
section per institution.	INSTITUTIO	N / HO	SPIT	AL NA	ME (JSE E	вотн	INES	IF R	EQU	IRED)																	_			_		
If you need to report additional Training,																										L		L					
photocopy this page as needed and submit as	NUMBER			Т	ī	ST	REET	4									1											SU	ITE/E	BUILD	ING		
instructed.	CITY				_	_		4										ST	ATE			ZIP/	POST	AL C	ODE	L		L		_			
Code lists are found on pages 36-43. Enter the			1														ī				ſ				1.				1.				
associated 3-digit code in the space provided.	COUNTRY	CODE						TEI	LEPH	IONE											F	FAX						L	J L	_			
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	List each			INTERI	NSHIP	/	F	ELLO	WSH	IIP		ОТНЕ	:P	M	Ī	М	V				/		М	M			V		V	1			
	department separately,	nt 📙	'	RESID	ENCY	L						•			4	DATE		Ľ	<u> </u>				END I			ш.	_		Ľ				
	applicable	e.													T					Т					T	П					\mathbf{I}		
	List Internship	,	EPA	RTMEN	IT/SPI	ECIAL	TY (D	о ио	ТАВ	BRE	/IATE)																						
	Residency Fellowship	р																															
	and Othe programs separately	, L	AME	OF DI	RECT	OR															_												
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Additional Specialty Supplemental Form

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

Section 3	Pr	ofess	siona	I / Me	dica	al Sp	ecialt	y In	for	ma	tior	1															
Additional Specialty	SPECIAL CODE	_TY				C	ERTIFICAT	TIAL TION DATE	M	M	D	D	Υ	Υ		<u> </u>	Y		BE LI	OU WISTED DIRECTER THI	IN FORY		НМО		YES		NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFII	ED?	YES	NO			ERTIFICAT D APPLICAI	ATE	M	M	D	D	Υ	Υ		<u> </u>	Y			CIALTY			PPO		YES		NO
associated 3-digit code in the space provided.	CERTIFY BOARD CODE	/ING				EXPI (IF	RATION D APPLICAI	ATE BLE)	M	M	D	D	Υ	Υ		Y	Υ						POS		YES		NO
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	(SELECT ONE)								M	M	D	D	Υ	Υ		7	Y										
	IE VOII			BOARD (ITEND 1	TO TAKE A	CEPT	IEVIN	IG BO	APD F	YAM:	DIEA	SE II	QE TI	ue .											
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Additional							INI	TIAL											DO Y	ou wi	SH TO			_	1		
Specialty	SPECIAL	_TY				C	ERTIFICAT		M	M	D	D	Υ	Υ			Υ		BE LI	STED DIREC	IN FORY		HMO		YES		NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFII	ED?	YES	NO			ERTIFICAT D APPLICAI	ATE	M	M	D	D	Υ	Υ		Y	Y			HALTY			PPO		YES		NO
associated 3-digit code in the space provided. If you need to report	CERTIFY BOARD CODE	/ING				EXPI (IF	RATION D APPLICAI	ATE BLE)	M	M	D	D	Υ	Υ		Y	Υ						POS		YES		NO
additional Specialties, photocopy this page as needed and submit as	IF NOT BOARD CERTIFIE		EXAM,	TAKEN RESULTS	1					I INTE		SIT I	FOR A	N									O TO TA	AKE EXAM.			
instructed.	(SELECT ONE)								M	M	D	D	Υ	Υ	· \	7	Y										
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Partners/Associates Supplemental Form

	* REQUIRED RESPONSE (IF THIS PAGE	IS USED). NO RESPONSE MAY CAUSE	PROCESSING DELAYS AND REQUIRE FOLLOW-L	JP.
Section 4	Practice Location Infor	mation		
Partner/	SPECIFY PRACTICE LOCATION	INDICATE THE PRACTICE LOCATION TO V	WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Associates				
Jse this page to eport additional	► LOCATION #	PRIMARY PRACTICE	PRACTICE NAME	
cartners/associates at the designated			PRACTICE ADDRESS	
oractice location.			TRACTICE ADDRESS	
IMPORTANT				
In the box provided,	LAST NAME			SPECIALTY CODE COVERING
indicate to which practice location this				COLLEAGUE (Y/N)?
page belongs.	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
Check "Covering				
Colleague?" if he/she provides coverage for				
you at THIS location.	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
Code lists are found				(Y/N)?
on pages 36-43. Enter the associated 3-digit	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
code in the space				
provided.				
If you need to report additional	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
partners/associates,				(Y/N)?
photocopy this page as needed and submit	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
as instructed.				
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING
				COLLEAGUE (Y/N)?
	FIRST NAME			DDOWIDED TYPE (CODE DO 66)
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING
				COLLEAGUE (Y/N)?
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
				(Y/N)?
	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
_				_

Covering Colleagues Supplemental Form

			E PROCESSING DELAYS AND REQUIRE FOLLOW-	JP.
Section 4	Practice Location Info			
Covering Colleagues	SPECIFY PRACTICE LOCATION	INDICATE THE PRACTICE LOCATION TO	WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Include all colleagues providing regular	LOCATION #	PRIMARY PRACTICE	PRACTICE NAME	
coverage and his/her specialty, including if			PRACTICE ADDRESS	
he/she is a partner in one or more of your				
practice locations.				
IMPORTANT —	LAST NAME			SPECIALTY CODE
In the box provided, indicate to which				
practice location this page belongs.	FIRST NAME			M.I. PROVIDER TYPE (CODE PG 36)
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 additional Covering	FIRST NAME			M.I. PROVIDER TYPE (CODE PG 36)
Colleagues, photocopy this page as needed				
and submit as	LAST NAME			SPECIALTY CODE
instructed.	EAST NAME			
	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)
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	FIRST NAME			M.I. PROVIDER TYPE (CODE PG 36)
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	LAST NAME			SPECIALTY CODE
	FIRST NAME			M.I. PROVIDER TYPE (CODE PG 36)
		309	9	

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

Section 4	Practice Loc	ation Inform	nation - F	Page 1 o	f 5												
Additional Practice	→ LOCATION			age i o	1 3												
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES NO	IF NO, W YOUR EX START D	(PECTED \	M	DD	Y	Υ	Υ								
IMPORTANT —																	
In the box provided, indicate to which practice location this page belongs.	PHYSICIAN GROUP / P	RACTICE NAME TO	APPEAR IN DIRE	CTORY (DO N	OT ABBRE	/IATE)*											
For example, if you practice at three locations, the primary	GROUP / CORPORATE	NAME AS IT APPEA	RS ON W-9, IF D	IFFERENT FRO	OM ABOVE	(DO NOT A	BBREVIA	ATE)									
location is reported in the main application	NUMBER*	STREE	T*											SUITE/I	BUILDING		
and remaining locations would be reported on	CITY*										STAT	E*		ZIP COI	DE*		
Supplemental Forms as Location 2 and Location 3.	SEND GENERAL CORRESPON- DENCE HERE?*	YES NO	TELEPHON	- IE*		-			FA	(-			-			
TIP Your Individual Tax ID is assumed to be your Primary Tax ID	OFFICE E-MAIL ADDRE	≣SS								PRIM	ARY		HeE	INDIVID	1141	HEE	GRO
unless you specify otherwise to the right.	INDIVIDUAL TAX ID			GROUP TAX	(ID				Ш	TAX I (ONE	D ONLY)*		TAX		UAL	TAX	
Office Manager or Business																	
Office Contact	LAST NAME*															1	
List each contact separately. You may use the check boxes	FIRST NAME*																M.I.
below for convenience. Do not write instructions like "see	TELEPHONE*	-		FAX		-		-									
above". These responses will be																	
rejected and will require follow-up.	E-MAIL ADDRESS																
Billing Contact																	
CHECK HERE TO USE OFFICE MANAGER AND	LAST NAME*																
OFFICE ADDRESS AS BILLING INFORMATION	FIRST NAME*																M.I.
	NUMBER*	STREE	ET*											SUITE/E	BUILDING	_	
NOTE																	
NOTE:	CITY*					1					STA	TE*		ZIP CO	DE*		
Even if you checked the boxes above, please provide the	TELEPHONE*			FAX													
e-mail address of the Billing Contact, if available.	E-MAIL ADDRESS																
	I			3	3100)										ļ	

* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information - Page 2 of 5 **Add'I Practice** LOCATION* # Location (Cont.) Payment and ELECTRONIC YES NO BILLING Remittance CAPABII ITIES? BILLING DEPARTMENT (IF HOSPITAL-BASED) YOUR "CHECK PAYABLE TO" INFORMATION SHOULD BE CONSISTENT WITH YOUR W-9. CHECK PAYABLE TO CHECK HERE TO **USE OFFICE** LAST NAME* MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION FIRST NAME NUMBER SUITE/BUILDING NOTE: Even if you checked CITY* STATE* ZIP CODE* the boxes above, please provide the E-mail Address. TELEPHONE* Department Name. Electronic Billing and Check Payable To, if applicable. F-MAIL ADDRESS (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR) Office Hours A=AM A=AM A=AM START END START END P=PM P=PM P=PM MONDAY FRIDAY SATURDAY TUESDAY WEDNESDAY SUNDAY NOTE: After hours back office THURSDAY telephone will be used only by the health plan and will not be 24/7 PHONE COVERAGE?* AFTER HOURS BACK OFFICE TELEPHONE published under any VOICE MAIL WITH INSTRUCTIONS TO CALL ANSWERING WITH OTHER circumstances. YES NO ANSWERING SERVICE INSTRUCTIONS **Open Practice** YFS ACCEPT NEW PATIENTS INTO THIS PRACTICE?* NO YES NΩ **ACCEPT ALL NEW PATIENTS?* Status** ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?* YES NO ACCEPT NEW MEDICARE PATIENTS?* YES NO YES NO YES **ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*** ACCEPT NEW MEDICAID PATIENTS? NO IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN ARE THERE ANY GENDER LIMITATIONS AGE LIMITATIONS LIST OTHER LIMITATIONS PRACTICE LIMITATIONS?* IF YES MINIMUM AGE NONE YES NΩ **FEMALE** MAXIMUM ONLY

* 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 Practice	LOCATION*#		
Location (Continued)	DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?*	NO	
IMPORTANT In the box provided, indicate to which	(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)		
practice location this page belongs.			
	PRACTITIONER LAST NAME		
Mid-Level	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., I	
Practitioners			
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		-
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., F	
		GM, N	,
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		-
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., F CNP, N	
		CNF, N	NF)
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., I	PA,
		CNP, N	NP)
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	
	PRACTITIONER LAST NAME		
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (F.G. I	DA.
		M.I. PRACTITIONER TYPE (E.G., F CNP, N	NP)
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE	

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

Practice Location Information - Page 4 of 5

Section 4	Practice Loca	ation In	nforma	ition - Page	4 of 5														
Additional Practice	LOCATION	* #																	
Location (Continued) IMPORTANT In the box provided, indicate the provided of	LANGUAGES NON-ENGLISH LANGUA SPOKEN BY OFFICE PE	RSONNEL	1	UAGE CODE	LANGUAGE (ODE I	.ANGUA	AGE C	ODE	LAN	GUAGE	CODE	L	ANGU	AGE C	DDE			
indicate to which practice location this page belongs.	AVAILABLE?*	YES	NO	INTERPRETED	LANGUAGE (CODE	LANGU	AGE (CODE	LANC	BUAGE	CODE	L	ANGU	AGE C	DDE			
Accessibilities	DOES THIS OFFICE MEE					NO											1		1
	DOES THIS SITE OFFER ACCESS FOR THE FOLI		PPED		S SITE OFFE		L	YE	S	NO		CESSIE	BLE BY RANSPO	RTAT	ION?*		YES		NO
	BUILDING?*	YES	NO		TELEPHONY			YE	H	NO			BUS*			L	YES		NO
	PARKING?* RESTROOM?*	YES	NO NO	MENT	RICAN SIGN L FAL/PHYSICAL		IT	YE		NO			SUBWAY		AIN*	L	YES		NO
				SERV	ICES*														
	OTHER HANDICAPPED	ACCESS		OTHER	DISABILITY	SERVICES					0	THER T	RANSPO	ORTAT	TION AC	CESS			1
Services	Does this location p	YES	of the fo	Ilowing services? IF YES, PROVIDE A CERTIFYING PROG (E.G., CLIA, COLA,	CCREDITING	'													_
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE X CERTIFICATION TY															
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES	NO	ALLI TES	ERGY TING?	SKIN	,	/ES	NO) (SYNEC	NE OFI COLOG C/PAP)	Y	Y	res	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE IMMUNIZATIONS?	YES	NO		(IBLE	SCOPY	,,	/ES	NO) ү	// AUD	NOME NOMET NING?	RY	Y	/ES	
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES	NO		YDR A ATME	TION/ NT?	,	rES	NO		CARDI. STRES	AC SS TEST	Γ?	Υ	rES	
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	YES	NO			MINOR IONS?		/ES	NO)						
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGORY DO YOU USE?	,														
	IF YES, WHO ADMINISTERS IT?	ST NAME								FI	RST NA	ME							
	TYPE OF PRACTICE (SELECT ONE ONLY)*		SOLO PR	ACTICE	SING	LE SPECIAL	TY GRO	OUP					TY GRO	UP					
	ADDITIONAL OFFICE P	ROCEDURE	S PROVIDE	ED (INCLUDING SUR	GICAL PROCI	EDURES)													
					31	03													

Section 4	Practice Location Information - Page 5 of 5		
Additional Practice	→ LOCATION* #		
Location (Continued)	LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE		
IMPORTANT			
In the box provided, indicate to which	LAST NAME		SPECIALTY CODE COVERING COLLEAGU
practice location this page belongs.	FIRST NAME	M.I.	(Y/N)? PROVIDER TYPE (CODE PG 36)
If you have additional			
partners/associates at THIS location, use the Partner/Associate	LAST NAME		SPECIALTY CODE COVERING COLLEAGU
Supplemental Form on page 23. Photocopy as necessary. Be certain	FIRST NAME	M.I.	(Y/N)? PROVIDER TYPE (CODE PG 36)
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 associated 3-digit code in the space provided.	FIRST NAME	M.I.	COLLEAGU (Y/N)? PROVIDER TYPE (CODE PG 36)
	T. N.O. TAME		TROVIDER TITE (CODE TO 30)
	LAST NAME		SPECIALTY CODE COVERING
			COLLEAGU (Y/N)?
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
Covering Colleagues	LIST ALL COVERING COLLEAGUES THAT ARE <u>NOT</u> PARTNERS/ASSOCIATES AT THIS PRACTICE		
Code lists are found on	LAST NAME		SPECIALTY CODE
pages 36-43. Enter the associated 3-digit code			
in the space provided. If you have additional	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
covering colleagues that are not partners at THIS location, use the	LAST NAME		SPECIALTY CODE
Covering Colleagues Supplemental Form on			
page 24. Photocopy as necessary. Be certain	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
to indicate the Practice Location Number at the top of the page.			
	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)
	3104		

Hospital Privileges (Current) Supplemental Form

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

OTHER HOSPITAL NAME																								
HOSPITAL NAME																								
HOSPITAL NAME																								
NUMBER			STREE	T																5	SUITE/	/BUILE	DING	
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CITY																		STAT	E		ZIP C	ODE		
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TELEPHONE								FA	x															
DEPARTMENT NA	ME																							
DEPARTMENT DIF	RECTOR'S	LAST	IAME																					
DEPARTMENT DIF	RECTOR'S	FIRST	NAME																					
ММУ	V V	/ V		NA	M	Υ	Υ	Y	Y		FULL,	UNRE	STRIC	TED		(ES	N	0	ARE P	RIVILE	GES		YES	
	RT DATE				ATION	FND	DATE				PRIVII	LEGES	6?						TEMPO	ORARY	?		0	
				/ <u>-</u>																				9
																				CENTA	AGE _			′
		105 (E.	G. NONE	E, FULL	UNKE	SIKI	CIED,	PROV	ISIONA	AL, IE	WPOR	(ART)												
	DEPARTMENT DIF	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S DEPARTMENT DIRECTOR'S AFFILIATION START DATE ADMITTING PRIVILEGE STA	DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST N DEPARTMENT DIRECTOR'S FIRST I AFFILIATION START DATE ADMITTING PRIVILEGE STATUS (E.	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE ADMITTING PRIVILEGE STATUS (E.G. NONIPLEASE EXPLAIN	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL PLEASE EXPLAIN	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRE PLEASE EXPLAIN	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION END ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICT PLEASE EXPLAIN	TELEPHONE DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PLEASE EXPLAIN	TELEPHONE FA DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROV PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TE PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPOR	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRIC PRIVILEGES? AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y Y MM Y Y Y FULL, UNRESTRICTED PRIVILEGES? AFFILIATION START DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRICTED PRIVILEGES? AFFILIATION START DATE AFFILIATION END DATE ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y Y MM Y Y Y FULL, UNRESTRICTED PRIVILEGES? AFFILIATION START DATE AFFILIATION END DATE OF YC ADMIS IS TO ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRICTED YES NAME AFFILIATION START DATE AFFILIATION END DATE OF YOUR TO ADMISSIONS IS TO THIS H ADMITTING PRIVILEGE STATUS (E.G. 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AFFILIATION START DATE AFFILIATION START DATE AFFILIATION END DATE OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAL'S TO THIS HOSPITAL? PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRICTED YES NO ARE PRIVILEGES TEMPORARY? AFFILIATION START DATE AFFILIATION START DATE OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y MM M Y Y Y Y FULL, UNRESTRICTED PRIVILEGES? AFFILIATION START DATE AFFILIATION START DATE AFFILIATION PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) PLEASE EXPLAIN	TELEPHONE FAX DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME MM Y Y Y Y FULL, UNRESTRICTED YES NO ARE PRIVILEGES TEMPORARY? 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Professional Liability Insurance Carrier Supplemental Form

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

Section 6	Professional Liability Insurance Carrier
Other Professional	SELF-INSURED? YES NO
Liability	CARRIER OR SELF-INSURED NAME
Insurance	
Carrier	NUMBER* STREET* SUITE/BUILDING
List secondary / second layer / future or previous carrier(s).	CITY* STATE* ZIP CODE*
For second layer	M M Y Y Y M M Y Y Y M M M Y Y Y Y TYPE OF COVERAGE?* INDIVIDUAL SHARED
coverage list name of hospital/organization	ORIGINAL EFFECTIVE DATE* EXPIRATION DATE
providing coverage	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?
	AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE
	POLICY INCLUDES TAIL COVERAGE? YES NO
	POLICY NUMBER*
Other	
Professional	SELF-INSURED? YES NO
Liability	CARRIER OR SELF-INSURED NAME
Insurance	
Carrier	NUMBER* STREET* SUITE/BUILDING
List secondary /	
second layer / future or previous carrier(s).	CITY* STATE* ZIP CODE*
For second layer coverage list name of	M M Y Y Y Y M M Y Y Y Y TYPE OF COVERAGE?* INDIVIDUAL SHARED
hospital/organization	ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* EXPIRATION DATE
providing coverage If you need additional	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER? NO AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE
space for Insurance Coverage, photocopy this page as needed	POLICY INCLUDES TAIL COVERAGE? YES NO
and submit as instructed.	
	POLICY NUMBER*
•	
	2106

Work History Supplemental Form

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

Section 7	Work History														
Work History	WORK HISTORY														
Use this form to continue listing work history.	PRACTICE / EMPLOYER NAME														
If you need additional space for Work History,	NUMBER STREET SUITE/BUILDING														
photocopy this page as needed and submit as instructed.															
	CITY STATE ZIP/POSTAL CODE														
	TELEPHONE FAX														
	MMYYYYY														
	COUNTRY CODE START DATE END DATE REASON FOR DEPARTURE (IF APPLICABLE)														
	WORK HISTORY														
	PRACTICE / EMPLOYER NAME														
	NUMBER STREET SUITE/BUILDING														
	CITY STATE ZIP/POSTAL CODE														
	TELEPHONE FAX														
	M M Y Y Y Y M M Y Y Y Y														
	COUNTRY CODE START DATE END DATE														
	REASON FOR DEPARTURE (IF APPLICABLE)														
l															

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	Profession	nal Training / Work Histo	ory Gaps	
Professional Fraining / Work History	GAP START DATE	MMYYYY	GAP END DATE M M Y Y Y	
Gaps				
Please explain any me periods or gaps in raining or work history hat have occurred ince graduation from professional school				
and are longer than hree month in duration or of a shorter duration frequired by the	GAP START DATE	MMYYY	GAP END DATE M M Y Y Y	
organization for which ou are being redentialed.				
	GAP START DATE	MMYYYY	GAP END DATE M Y Y Y	
	GAP START DATE	MMYYYY	GAP END DATE M M Y Y Y	
	GAP START DATE	MMYYYY	GAP END DATE M M Y Y Y	

Disclosure Questions Supplemental Form

* REQUIRED R	ure Ques		IS USED).	NO RE	SPONS	SE MAY (AUSE	PROCE	SSINC	i DELA	YS AN	ID KE	JUIKE	FOLLO	JVV-U	IP.				
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Malpractice Claims Explanation Supplemental Form

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

Section 8	Ма	lpra	acti	се (Clai	ms	Ехр	lan	atio	n																			
Malpractice Claims Explanation	DATE	OF JRREN	CE*	M	M	D	D	Υ	Υ	Υ	Υ			DA W	TE CLA	AIM ED*	M	M	D	D	Υ	Υ	Υ	Υ					
Use this form to report any "Yes" response to Disclosure Question #19.																													
If you need additional space to explain a Yes response, photocopy																													
this page as needed and submit as instructed.	PROF	ESSIC	NAL I	LIABIL	ITY CA	ARRIEF	R INVO	LVED	(USE	вотн	LINES	IF NE	CESSA	ARY)															_
	NUME	BER*					STRE	ET*																	SUITE	/BUILI	DING		_
	CITY																					STA	ΓE*		ZIP C	ODE*			
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	TELE	PHON	E										POLIC	CY NU	MBER														
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	AMOUNT OF AWARD OR SETTLEMENT* JUDGMENT FOR DEFENDANT(S) JUDGMENT FOR PLAINTIFF(S)																												
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Provider Type Codes

Medical Doctor (MD)

002 Doctor of Dental Surgery (DDS)

003 Doctor of Dental Medicine (DMD)

004 Doctor of Podiatric Medicine (DPM)

Doctor of Chiropractic (DC) 005

007 Osteopathic Doctor (DO)

020 Acupuncturist Alcohol/Drug Counselor 021 Audiologist

023 Biofeedback Technician 024 Certified Registered Nurse

Anesthetist

025 Christian Science Practitioner

Clinical Nurse Specialist 026 027 Clinical Psychologist

028 Clinical Social Worker

Dietician 029

022

Licensed Practical Nurse 031 Marriage/Family Therapist

Massage Therapist 033 Naturopath 034 Neuropsychologist

Midwife 036 Nurse Midwife

Nurse Practitioner 037 038 Nutritionist

039 Occupational Therapist

Optician

032

041 Optometrist 042 Pharmacist

Physical Therapist 043 044 Physician Assistant

045 **Professional Counselor** Registered Nurse

Registered Nurse First Assistant

Respiratory Therapist 048

049 Speech Pathologist

License Status Codes

Pending 002 Canceled 009 Probation Provisional 003 Denied 010 004 Expired 011 Restricted 005 Inactive 012 Revoked Lapsed Suspended Limited 014 Surrendered 015 Temporary Terminated 016 017 Time Limited 018 Unrestricted

Other

Country Codes

004 Afghanistan 008 Albania 012 Algeria 016 American Samoa 020 Andorra 024 Angola 660 Anguilla 010 Antarctica 028 Antigua and Barbuda 032 Argentina Armenia Aruba

051 533 036 Australia 040 Austria 031 Azerbaijan Bahamas 044 Bahrain 048

050 Bangladesh 052 Barbados 112 Belarus 056 Belgium 084 Belize 204 Benin 060 Bermuda 064 Bhutan 068 Bolivia

070

120

170

072 Botswana Bouvet Island 074 076 Brazil British Indian Ocean Territory 096 Brunei Darussalam Bulgaria 100 Burkina Faso 854 108 Burundi 116 Cambodia

Cameroon

Colombia

Bosnia and Herzegovina

124 Canada 132 Cape Verde Cayman Islands 136 140 Central African Republic 148 Chad 152 Chile 156 China Christmas Island 162 166 Cocos (Keeling) Islands

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 Diibouti 212 Dominica 214 Dominican Republic 626 East Timor (provisional)

218 Ecuador 818 Eavpt 222 FI Salvador **Equatorial Guinea** 226

232 Eritrea 233 Estonia 231 Ethiopia 238 Falkland Islands (Malvinas) 234

Faroe Islands 242 Fiji

Finland 246 250 France France, Metropolitan 249 254 French Guiana 258 French Polynesia

French Southern Territories

266 Gabon 270 Gambia 268 Georgia 276 Germany 288 Ghana 292 Gibraltar

300 Greece 304 Greenland 308 Grenada 312 Guadaloupe 316 Guam Guatemala 324 Guinea Guinea-Bissau 624 328 Guyana

332 Haiti Heard Island and McDonald

Islands 340 Honduras 344 Hong Kong 348 Hungary 352 Iceland 356 India 360 Indonesia 364 Iran 368 Iraq 372 Ireland Israel

376

380 Italy 388 Jamaica 392 Japan Jordan 400 398 Kazakhstan 404 Kenya 296 Kiribati 408 Korea, North 410 Korea, South

414 Kuwait 417 Kyrgyzstan 418 Laos 428 Latvia Lebanon 426 Lesotho 430 Liberia Libya 434 438 Liechtenstein

Lithuania 442 Luxembourg 446 Macau 807 Macedonia Madagascar 450 454 Malawi 458 Malavsia 462 Maldives

466 Mali 470 Malta 584 Marshall Islands 474 Martinique Mauritania 480 Mauritius 175 Mavotte 484 Mexico 583 Micronesia

498 Moldova

492 Monaco 496 Mongolia 500 Montserrat Morocco 508 Mozambique 104 Mvanmar 516 Namibia 520 Nauru

524 Nepal Netherlands 528 Netherlands Antilles 530 New Caledonia 540 554 New Zealand 558 Nicaragua 562 Niger Nigeria 566 570 Niue Norfolk Island 574

580 Northern Mariana Islands

578 Norway 512 Oman 586 Pakistan Palau 585 591 Panama

Papua New Guinea 600 Paraguay Peru 604 Philippines 608 Pitcairn 612 616 Poland 620 Portugal Puerto Rico 630 Qatar 634 638 Réunion 642 Romania Russian Federation 643

646 Rwanda Saint Helena 654 659 Saint Kitts and Nevis 662 Saint Lucia

Saint Pierre and Miquelon Saint Vincent and the

Grenadines

Country Codes (continued)

Sandwich Islands 882 Samoa 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 Trinidad and Tobago Venezuela Saudi Arabia 736 Sudan 788 Viet Nam 682 Tunisia 704 Scotland Suriname Turkey795 Turkmenistan Virgin Islands, British 683 740 792 092 Svalbard and Jan Mayen Turks and Caicos Islands 686 Senegal 744 796 850 Virgin Islands, U.S. 690 Seychelles 748 Swaziland 798 Tuvalu 876 Wallis and Fortuna Islands 694 Sierra Leone 752 Sweden 800 Uganda Western Sahara (provisional) 702 Singapore 756 Switzerland 804 Ukraine 887 Yemen Yugoslavia Slovakia 760 Syria 784 United Arab Emirates 891 703 Slovenia 158 Taiwan United Kingdom 894 7ambia 705 826 090 Solomon Islands 762 Taiikistan 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 Togo Uzbekistan 768 860

Language Codes

058

059

060

Kannada

Kashmiri

Kazakh

Abkhazian 061 Kinyarwanda 002 Afan (Oromo) 062 Kirghiz Kurundi 003 Afar 063 004 Afrikaans 064 Korean 005 Albanian 065 Kurdish 006 Amharic 066 Laothian 007 Arabic 067 Latin 068 008 Armenian Latvian:Lettish 009 Assamese 069 Lingala 010 Zerbaijani 070 Lithuanian 011 Bashkir 071 Macedonian 012 Basque Malagasy 013 Bengali;Bangla 073 Malay Malavalam 014 Bhutani 074 015 Bihari 075 Maltese 016 Bislama 076 Maori 017 **Breton** 077 Marathi 018 Bulgarian 078 Moldavian 019 Burmese 079 Mongolian 020 Bvelorussian 080 Nauru 021 Cambodian 081 Nepali 022 Catalan 082 Norwegian 023 Chinese 083 Occitan Corsican 084 Oriva 024 085 Pashto; Pushto 025 Croatian Persian (Farsi) 026 Czech 086 027 Danish 087 Polish 088 028 Dutch Portuguese English 089 Punjabi 140 030 090 Quechua Esperonto Estonian 091 Rhaeto-Romance 031 032 Faroese 092 Romanian 033 093 Russian Fiii 034 Finnish 094 Samoan 035 French 095 Sangho 036 Frisian 096 Sanskrit Galican 097 Scot Gaelic 037 038 Georgian 098 Serbian Serbo-Croatian 039 German 040 Greek 100 Sesotho Greenlandic Setswana 041 101 042 Guarani 102 Shona 043 Gujarati 103 Sindhi 044 Singhalese Hausa 104 045 Hebrew 105 Siswati Hindi Slovak 046 106 047 Hungarian 107 Slovenian 048 Icelandic 108 Somali 049 Indonesian 109 Spanish Sundanese Interlingua 110 051 Interlingue 111 Swahili 052 Inuktitut 112 Swedish 053 Inupiak 113 Tagalog 054 Irish 114 Tajik 055 Italian 115 Tamil Japanese 116 Tatar 057 Javanese 117 Telugu 118

Thai

Tibetan

Tigrinya

119

120

121 Tonga 122 Tsonga Turkish 123 124 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

Arkansas

003 University of Arkansas College of Medicine

Arizona

Arizona College of Osteopathic Medicine

004 University of Arizona College of Medicine

California

California College of Podiatric Medicine 801

Cleveland Chiropractic College of Los Angele 400

Keck School of Medicine

Life Chiropractic College West 401

Loma Linda University School of Dentistry 301

006 Loma Linda University School of Medicine

402 Los Angeles College of Chiropractic

403 Palmer College of Chiropractic West

Quantum University/SCCC

007 Stanford University School of Medicine

501 Touro University College of Osteopathic Medicine

800 UCLA School of Medicine

University of California

University of California, Irvine, College of Medicine

302 University of California, Los Angeles School of Dentistry

University of California, San Diego, School of Medicine 011

University of California, San Francisco, School of Dentistry

University of California, San Francisco, School of Medicine 012

University of Southern California School of Dentistry

University of the Pacific School of Dentistry 305

Western University of Health Sciences, College of Osteopathic Medicine 502 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

University of Connecticut School of Medicine 014

015 Yale University School of Medicine

District of Columbia

016 George Washington University

017 Georgetown University School of Medicine

Howard University College of Dentistry 308

018 Howard University College of Medicine

Barry University School of Graduate Medical Sciences

Nova Southeastern University College of Dentistry

Nova Southeastern University College of Osteopathic Medicine 503

University of Florida College of Dentistry 310

University of Florida College of Medicine

University of Miami School of Medicine

021 University of South Florida College of Medicine

Georgia

022 Emory University School of Medicine

Life Chiropractic College

Medical College of Georgia School of Dentistry

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

Des Moines University, Osteopathic Medical Center, College of

Osteopathic Medicine and Surgery

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

316 Indiana University School of Dentistry

035 Indiana University School of Medicine

Kansas

036 University of Kansas School of Medicine

Kentucky

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 045 University of Massachusetts Medical School

044 Tufts University School of Medicine

Marvland

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 School

325 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

054 University of Minnesota Medical School, Twin Cities

326 University 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
- University of North Carolina at Chapel Hill School of Dentistry 329
- University of North Carolina at Chapel Hill School of Medicine 062
- 063 Wake Forest University School of Medicine

064 University of North Dakota School of Medicine and Health Sciences

Nebraska

- Creighton University School of Dentistry
- Creighton University School of Medicine
- University of Nebraska College of Medicine 066
- 331 University of Nebraska Medical Center, College of Dentistry

New Hampshire

067 Dartmouth Medical School

New Jersey

- 068 Robert Wood Johnson Medical School
- 069 University of Medicine and Dentistry of New Jersey (UMDNJ)
- 332 UMDNJ, New Jersey Dental School
- UMDNJ, School of Osteopathic Medicine

New Mexico

070 University of New Mexico School of Medicine

071 University of Nevada School of Medicine

New York

- 072 Albany Medical College
- Albert Einstein College of Medicine 073
- Columbia University College of Physicians and Surgeons
- Columbia University School of Dental and Oral Surgery
- 075 Joan & Sanford I. Weill Medical College of Cornell University
- 076 Mount Sinai School of Medicine of New York University
- 412 New York Chiropractic College
- 512 NY College of Osteopathic Medicine of the NY Institute of Technology
- New York Medical College
- 334 New York University Kriser Dental Center
- 078 New York University School of Medicine
- 335 State University of New York at Buffalo School of Dental Medicine
- 082 State University of New York at Buffalo School of Medicine
- State University of New York at Stony Brook School of Dental Medicine 336
- State University of New York at Stony Brook School of Medicine 081
- State University of New York College of Medicine 079
- 080 State University of New York Upstate Medical University
- 083 University of Rochester School of Medicine and Dentistry

Ohio

- Case Western Reserve University School of Dentistry 337
- 084 Case Western Reserve University School of Medicine
- Medical College of Ohio 085
- 086 Northeastern Ohio Universities College of Medicine
- 803 Ohio College of Podiatric Medicine
- 338 Ohio State University College of Dentistry
- Ohio State University College of Medicine and Public Health 087
- 513 Ohio University College of Osteopathic Medicine
- 088 University of Cincinnati College of Medicine
- 089 Wright State University School of Medicine

Oklahoma

- 514 Oklahoma State University, College of Osteopathic Medicine
- 339 University of Oklahoma College of Dentistry
- University of Oklahoma College of Medicine 090

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

- 515 Lake Erie College of Osteopathic Medicine
- 093 MCP Hahnemann University School of Medicine
- Pennsylvania State University College of Medicine
- 516 Philadelphia College of Osteopathic Medicine
- 341 Temple University School of Dentistry Temple University School of Medicine
- Temple University School of Podiatric Medicine University of Pennsylvania School of Dental Medicine
- 342 University of Pennsylvania School of Medicine
- University of Pittsburgh School of Dental Medicine 343
- 097 University of Pittsburgh School of Medicine

Puerto Rico

- 098 Ponce School of Medicine
- 099 Universidad Central del Caribe School of Medicine
- 100 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

Tennessee

- 105 East Tennessee State University
- 346 Meharry Medical College School of Dentistry
- 106 Meharry Medical College School of Medicine
- University of Tennessee College of Dentistry 107 University of Tennessee College of Medicine
- 108 Vanderbilt University School of Medicine

Texas

- 348 Baylor College of Dentistry
- 109 Baylor College of Medicine
- Parker College of Chiropractic 415
- Texas Chiropractic College 416
- Texas Tech University Health Sciences Center School of Medicine 110
- The Texas A & M University System College of Medicine
- UNT Health Sciences Center, Texas College of Osteopathic Medicine 517
- University of Texas Health Science Center at Houston Dental School 349
- 350 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
- 114 University of Texas Medical School at San Antonio
- 115 UT Southwestern Medical Center at Dallas Southwestern Medical School

Utah

112

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
- 351 Virginia Commonwealth University School of Dentistry
- 119 Virginia Commonwealth University School of Medicine

Vermont

120 University of Vermont College of Medicine

- 352 University of Washington School of Dentistry
- 121 University of Washington School of Medicine

Wisconsin

- 353 Marquette 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
- 125 West Virginia University School of Medicine

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

Canada

- 355 Dalhousie University Faculty of Dentistry
- 126 Dalhousie University Faculty of Medicine
- 357 Laval University Faculty of Dentistry
- 127 Laval University Faculty of Medicine
- 356 McGill University Faculty of Dentistry
- 128 McGill University Faculty of Medicine
- 129 McMaster University School of Medicine
- 130 Memorial University of Newfoundland Faculty of Medicine
- 131 Queen's University Faculty of Health Sciences
- 132 The University of Western Ontario Faculty of Medicine & Dentistry
- 133 Universite de Montreal Faculty of Medicine
- 134 Universite de Sherbrooke Faculty of Medicine
- 358 University of Alberta Faculty of Dentistry
- 135 University of Alberta Faculty of Medicine
- 359 University of British Columbia Faculty of Dentistry
- 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
- 361 University of Montreal Faculty of Dentistry
- 139 University of Ottawa Faculty of Medicine
- 362 University of Saskatchewan College of Dentistry
- 140 University of Saskatchewan College of Medicine
- 363 University of Toronto Faculty of Dentistry
- 141 University of Toronto Faculty of Medicine
- 364 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
- 246 Allergy & Immunology, Allergy
- 291 Allergy & Immunology, Clinical & Laboratory Immunology
- 249 Anesthesiology
- 235 Anesthesiology, Addiction Medicine
- 258 Anesthesiology, Critical Care Medicine
- 126 Anesthesiology, Pain Medicine
- 363 Clinical Pharmacology
- 367 Colon & Rectal Surgery
- 263 Dermatology
- 292 Dermatology, Clinical & Laboratory Dermatological Immunology
- 444 Dermatology, Dermatological Surgery
- 266 Dermatology, Dermatopathology
- 264 Dermatology, MOHS-Micrographic Surgery
- 443 Dermatology, Pediatric Dermatology
- 268 Emergency Medicine
- 445 Emergency Medicine, Emergency Medical Services
- 427 Emergency Medicine, Medical Toxicology
- 348 Emergency Medicine, Pediatric Emergency Medicine
 395 Emergency Medicine, Sports Medicine
- 395 Emergency Medicine, Sports Medicine
- 446 Emergency Medicine, Undersea and Hyperbaric Medicine
- 391 Facial Plastic Surgery
- 272 Family Practice
- 447 Family Practice, Addiction Medicine
- 237 Family Practice, Adolescent Medicine
- 448 Family Practice, Adult Medicine
- 282 Family Practice, Geriatric Medicine
- 396 Family Practice, Sports Medicine
- 225 General Practice
- 479 Hospitalist
- 301 Internal Medicine
- 449 Internal Medicine, Addiction Medicine
- 236 Internal Medicine, Adolescent Medicine
- 248 Internal Medicine, Allergy & Immunology
- 255 Internal Medicine, Cardiovascular Disease
- 294 Internal Medicine, Clinical & Laboratory Immunology
- 253 Internal Medicine, Clinical Cardiac Electrophysiology
- 257 Internal Medicine, Critical Care Medicine
- 267 Internal Medicine, Endocrinology, Diabetes & Metabolism
- 275 Internal Medicine, Gastroenterology
- 285 Internal Medicine, Geriatric Medicine

- 287 Internal Medicine, Hematology
- 288 Internal Medicine, Hematology & Oncology
- 450 Internal Medicine, Hepatology
- 299 Internal Medicine, Infectious Disease
- 451 Internal Medicine, Interventional Cardiology
- 453 Internal Medicine, Magnetic Resonance Imaging
 (MRI)
- 325 Internal Medicine, Medical Oncology
- 309 Internal Medicine, Nephrology
- 378 Internal Medicine, Pulmonary Disease
- 390 Internal Medicine, Rheumatology
- 397 Internal Medicine, Sports Medicine433 Laboratories, Clinical Medical Laboratory
- 481 Legal Medicine
- 278 Medical Genetics, Clinical Biochemical Genetics
- 261 Medical Genetics, Clinical Cytogenetic
- 277 Medical Genetics, Clinical Genetics (M.D.)
- 280 Medical Genetics, Clinical Molecular Genetics
- 455 Medical Genetics, Molecular Genetic Pathology
- 454 Medical Genetics, Ph.D. Medical Genetics
- 306 Neonatal-Perinatal Medicine
- 308 Neopathology
- 409 Neurological Surgery
- 330 Neuromusculoskeletal Medicine & OMM
- 440 Neuromusculoskeletal Medicine, Sports Medicine
- 317 Nuclear Medicine
- 318 Nuclear Medicine, In Vivo & In Vitro Nuclear Medicine
- 315 Nuclear Medicine, Nuclear Cardiology
- 316 Nuclear Medicine, Nuclear Imaging & Therapy
- 321 Obstetrics & Gynecology
- 260 Obstetrics & Gynecology, Critical Care Medicine 326 Obstetrics & Gynecology, Gynecologic Oncology
- 286 Obstetrics & Gynecology, Gynecology
- 303 Obstetrics & Gynecology, Maternal & Fetal Medicine
- 320 Obstetrics & Gynecology, Obstetrics
- 271 Obstetrics & Gynecology, Reproductive Endocrinology
- 328 Ophthalmology
- 441 Oral & Maxillofacial Surgery
- 411 Orthopaedic Surgery
- 412 Orthopaedic Surgery, Adult Reconstructive Orthopaedic Surgery
- 456 Orthopaedic Surgery, Foot and Ankle Orthopaedics
- 406 Orthopaedic Surgery, Hand Surgery
- 115 Orthopaedic Surgery, Orthopaedic Surgery of the Spine

- 416 Orthopaedic Surgery, Orthopaedic Trauma
- 457 Orthopaedic Surgery, Sports Medicine
- 119 Orthopedic
- 331 Otolaryngology
- 458 Otolaryngology, Otolaryngic Allergy
- 459 Otolaryngology, Otolaryngology/ Facial Plastic Surgery
- 332 Otolaryngology, Otology & Neurotology
- 357 Otolaryngology, Pediatric Otolaryngology
- 417 Otolaryngology, Plastic Surgery within the Head & Neck
- 480 Pain Medicine, Interventional Pain Medicine
- 337 Pain Medicine
- 338 Pathology, Anatomic Pathology
- 340 Pathology, Anatomic Pathology & Clinical Pathology
- 250 Pathology, Blood Banking & Transfusion Medicine
- 344 Pathology, Chemical Pathology
- 302 Pathology, Clinical
- Pathology/Laboratory Medicine
- 262 Pathology, Cytopathology
- 265 Pathology, Dermatopathology
- 273 Pathology, Forensic Pathology
- 290 Pathology, Hematology
 298 Pathology, Immunopathology
- 298 Pathology, Immunopathology305 Pathology, Medical Microbiology
- 461 Pathology, Molecular Genetic
- Pathology
- 312 Pathology, Neuropathology358 Pathology, Pediatric Pathology
- 244 Pediatrics
- 239 Pediatrics. Adolescent Medicine
- 295 Pediatrics, Clinical & Laboratory Immunology
- 462 Pediatrics, Developmental –
 Behavioral Pediatrics
- 354 Pediatrics, Medical Toxicology
- 356 Pediatrics, Neurodevelopmental Disabilities
- 345 Pediatrics, Pediatric Allergy & Immunology
- 346 Pediatrics, Pediatric Cardiology
- 347 Pediatrics, Pediatric Critical Care Medicine
- 463 Pediatrics, Pediatric Emergency Medicine
 - Pediatrics, Pediatric Endocrinology

Specialty Codes - MD/DO Only

Spec	ialty Codes - MD/DO Only				
350	Pediatrics, Pediatric	471	Preventive Medicine, Sports		Neurology
000	Gastroenterology		Medicine	366	Public Health & General Preventive
351	67	431		000	Medicine
	Oncology		and Hyperbaric Medicine	252	Radiology, Body Imaging
352	Pediatrics, Pediatric Infectious	114	Preventive Medicine/Occupational	173	Radiology, Diagnostic Radiology
	Diseases		Environmental Medicine	430	Radiology, Diagnostic Ultrasound
355	Pediatrics, Pediatric Nephrology	370	Psychiatry & Neurology, Addiction	314	Radiology, Neuroradiology
359	Pediatrics, Pediatric Pulmonology		Medicine	319	Radiology, Nuclear Radiology
361	Pediatrics, Pediatric Rheumatology	473	Psychiatry & Neurology, Addiction	360	Radiology, Pediatric Radiology
398	Pediatrics, Sports Medicine		Psychiatry	380	Radiology, Radiation Oncology
365	Physical Medicine & Rehabilitation	371	Psychiatry & Neurology, Child &	477	Radiology, Radiological Physics
468	Physical Medicine & Rehabilitation,		Adolescent Psychiatry	381	Radiology, Therapeutic Radiology
	Pain Medicine	313	Psychiatry & Neurology, Clinical	384	Radiology, Vascular &
389	Physical Medicine & Rehabilitation,		Neurophysiology		Interventional Radiology
	Pediatric Rehabilitation Medicine	274	Psychiatry & Neurology, Forensic	434	Supplier
466	Physical Medicine & Rehabilitation,		Psychiatry	399	Surgery
	Spinal Cord Injury Medicine	373	Psychiatry & Neurology, Geriatric	418	Surgery, Pediatric Surgery
469	Physical Medicine & Rehabilitation,		Psychiatry	420	Surgery, Plastic and Reconstructive
	Sports Medicine	472	Psychiatry & Neurology,		Surgery
	Plastic Surgery		Neurodevelopmental Disabilities	405	Surgery, Surgery of the Hand
470		100	Psychiatry & Neurology, Neurology	425	Surgery, Surgical Critical Care
	Within the Head and Neck	311	Psychiatry & Neurology, Neurology	413	Surgery, Surgical Oncology
407	Plastic Surgery, Surgery of the		with Special Qualifications in Child	423	Surgery, Trauma Surgery
	Hand		Neurology	400	Surgery, Vascular Surgery
242	Preventive Medicine, Aerospace	474	3,7	421	Thoracic Surgery (Cardiothoracic
	Medicine		Medicine		Vascular Surgery)
429	Preventive Medicine, Medical	368	Psychiatry & Neurology, Psychiatry	442	Transplant Surgery
	Toxicology	475	Psychiatry & Neurology, Sports	424	Urology
112	Preventive Medicine, Occupational		Medicine		
	Modicino	476	Develory & Nourology Vaccular		

476 Psychiatry & Neurology, Vascular

Specialty Codes - DDS / DMD / DPM / DC

Medicine

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	DPM		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			12	Chiropractor, Thermography
18	Dentist, Periodontics				

Specialty Codes - Allied Providers

Dentist, Prosthodontics

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Spe	cialty Codes - Allied Providers		
NOTE	THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE	LIST, PUBLISH	IED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC
501	Acupuncturist	753	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family
503	Audiologist	754	Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically III
504	Audiologist, Assistive Technology Practitioner	755	Clinical Nurse Specialist, Psychiatric/Mental Health, Community
505	Audiologist, Assistive Technology Supplier	756	Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric
531	Christian Science Practitioner	757	Clinical Nurse Specialist, Rehabilitation
727	Clinical Nurse Specialist	759	Clinical Nurse Specialist, School
728	Clinical Nurse Specialist, Acute Care	758	Clinical Nurse Specialist, Transplantation
729	Clinical Nurse Specialist, Adult Health	760	Clinical Nurse Specialist, Women's Health
730	Clinical Nurse Specialist, Chronic Care	513	Counselor
731	Clinical Nurse Specialist, Community Health/Public Health	514	Counselor, Addiction (Substance Use Disorder)
732	Clinical Nurse Specialist, Critical Care Medicine	515	Counselor, Mental Health
733	Clinical Nurse Specialist, Emergency	516	Counselor, Professional
734	Clinical Nurse Specialist, Ethics	533	Dietitian, Registered
735	Clinical Nurse Specialist, Family Health	536	Dietitian, Registered, Nutrition, Metabolic
736	Clinical Nurse Specialist, Gerontology	534	Dietitian, Registered, Nutrition, Pediatric
737	Clinical Nurse Specialist, Holistic	535	Dietitian, Registered, Nutrition, Renal
738	Clinical Nurse Specialist, Home Health	651	Licensed Practical Nurse
739	Clinical Nurse Specialist, Informatics	517	Marriage & Family Therapist
740	Clinical Nurse Specialist, Long-Term Care	547	Massage Therapist
741	Clinical Nurse Specialist, Medical-Surgical	549	Midwife, Certified
742	Clinical Nurse Specialist, Neonatal	652	Midwife, Certified Nurse
743	Clinical Nurse Specialist, Neuroscience	551	Naturopath
744	Clinical Nurse Specialist, Occupational Health	553	Neuropsychologist
745	Clinical Nurse Specialist, Oncology		Nurse Anesthetist, Certified Registered
746	Clinical Nurse Specialist, Oncology, Pediatrics	654	Nurse Practitioner
747	Clinical Nurse Specialist, Pediatrics	655	Nurse Practitioner, Acute Care
748	Clinical Nurse Specialist, Perinatal		Nurse Practitioner, Adult Health
749	Clinical Nurse Specialist, Perioperative	658	Nurse Practitioner, Community Health
750	Clinical Nurse Specialist, Psychiatric/Mental Health	657	Nurse Practitioner, Critical Care Medicine
751	Clinical Nurse Specialist, Psychiatric/Mental Health, Adult	659	Nurse Practitioner, Family
752	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent		

Specialty Codes - Allied Providers (continued)

Spe	cialty 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		Registered Nurse, Emergency
	Nurse Practitioner, Occupational Health Nurse Practitioner, Pediatrics		Registered Nurse, Enterostomal Therapy
	Nurse Practitioner, Pediatrics Nurse Practitioner, Pediatrics, Critical Care	688	Registered Nurse, Flight Registered Nurse, Gastroenterology
	Nurse Practitioner, Perinatal	687	
	Nurse Practitioner, Primary Care	689	Registered Nurse, Gerontology
665	Nurse Practitioner, Psych/Mental Health	691	Registered Nurse, Hemodialysis
	Nurse Practitioner, School		Registered Nurse, Home Health
	Nurse Practitioner, Women's Health Nutritionist		Registered Nurse, Hospice
	Nutritionist, Nutrition, Education		Registered Nurse, Infection Control Registered Nurse, Infusion Therapy
	Occupational Therapist		Registered Nurse, Lactation Consultant
	Occupational Therapist, Ergonomics		Registered Nurse, Maternal Newborn
	Occupational Therapist, Hand		Registered Nurse, Medical-Surgical
	Occupational Therapist, Human Factors		Registered Nurse, Neonatal Intensive Care
	Occupational Therapist, Neurorehabilitation Occupational Therapist, Pediatrics	700 701	Registered Nurse, Neonatal, Low-Risk Registered Nurse, Nephrology
	Occupational Therapist, Fediatrics Occupational Therapist, Rehabilitation, Driver		Registered Nurse, Neuroscience
	Optician		Registered Nurse, Nurse Massage Therapist (NMT)
565	Optometrist	703	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 Optometrist, Pediatrics	721 722	Registered Nurse, Occupational Health Registered Nurse, Oncology
	Optometrist, Sports Vision		Registered Nurse, Ohthalmic
	Optometrist, Vision Therapy		Registered Nurse, Orthopedic
	Pharmacist	726	Registered Nurse, Ostomy Care
	Pharmacist, General Practice		Registered Nurse, Otorhinolaryngology & Head-Neck
	Pharmacist, Nuclear Pharmacy		Registered Nurse, Pain Management
	Pharmacist, Nutrition Support Pharmacist, Pharmacotherapy		Registered Nurse, Pediatric Oncology Registered Nurse, Pediatrics
	Pharmacist, Priamacotherapy Pharmacist, Psychopharmacy		Registered Nurse, Perinatal
	Physical Therapist		Registered Nurse, Plastic Surgery
581	Physical Therapist, Cardiopulmonary	708	Registered Nurse, Psych/Mental Health
	Physical Therapist, Electrophysiology, Clinical		Registered Nurse, Psych/Mental Health, Adult
	Physical Therapist, Ergonomics		Registered Nurse, Psych/Mental Health, Child & Adolescent
	Physical Therapist, Geriatrics Physical Therapist, Hand		Registered Nurse, Rehabilitation Registered Nurse, Reproductive Endocrinology/Infertility
	Physical Therapist, Human Factors		Registered Nurse, School
	Physical Therapist, Neurology		Registered Nurse, Urology
590	Physical Therapist, Orthopedic		Registered Nurse, Women's Health Care, Ambulatory
	Physical Therapist, Pediatrics		Registered Nurse, Wound Care
	Physician Assistant		Respiratory Therapist, Certified Respiratory Therapist, Certified, Critical Care
	Physician Assistant Physician Assistant, Medical		Respiratory Therapist, Certified, Educational
	Physician Assistant, Surgical		Respiratory Therapist, Certified, Emergency Care
	Psychologist		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 Psychologist, Child, Youth & Family		Respiratory Therapist, Certified, Neonatal/Pediatrics Respiratory Therapist, Certified, Palliative/Hospice
	Psychologist, Clinical		Respiratory Therapist, Certified, Patient Transport
	Psychologist, Counseling		Respiratory Therapist, Certified, Pulmonary Diagnostics
603	Psychologist, Educational		Respiratory Therapist, Certified, Pulmonary Function Technologist
	Psychologist, Exercise & Sports		Respiratory Therapist, Certified, Pulmonary Rehabilitation
	Psychologist, Family		Respiratory Therapist, Certified, SNF/Subacute Care
	Psychologist, Forensic Psychologist, Health	631 632	Respiratory Therapist, Registered Respiratory Therapist, Registered, Critical Care
	Psychologist, Men & Masculinity		Respiratory Therapist, Registered, Educational
	Psychologist, Mental Retardation & Developmental Disabilities		Respiratory Therapist, Registered, Emergency Care
610	Psychologist, Psychoanalysis	636	Respiratory Therapist, Registered, General Care
	Psychologist, Psychotherapy		Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group		Respiratory Therapist, Registered, Home Health
	Psychologist, Rehabilitation Psychologist, School	641	Respiratory Therapist, Registered, Neonatal/Pediatrics Respiratory Therapist, Registered, Palliative/Hospice
	Psychologist, Women		Respiratory Therapist, Registered, Patient Transport
	Registered Nurse		Respiratory Therapist, Registered, Pulmonary Diagnostics
673	Registered Nurse, Addiction (Substance Use Disorder)	640	Respiratory Therapist, Registered, Pulmonary Function Technologist
	Registered Nurse, Administrator	639	
	Registered Nurse, Ambulatory Care		Respiratory Therapist, Registered, SNF/Subacute Care
	Registered Nurse, Cardiac Rehabilitation Registered Nurse, Case Management		Social Worker, Clinical Specialist/Technologist, Other, Biomedical Engineering
	Registered Nurse, College Health		Speech-Language Pathologist
	Registered Nurse, Community Health		Technician, Other, Biomedical Engineering
	Registered Nurse, Continence Care	502	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 Genetics
- 052 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
- American Board of Urology 067
- 142 Boards other than ABMS/AOA

Dental Boards

- 113 American Board of Endodontics
- 114 American Board of Oral & Maxillofacial Pathology
- American Board of Oral & Maxillofacial Radiology
- 109 American Board of Oral & Maxillofacial Surgeons

- 108 American Board of Orthodontics
- 112 American Board of Pediatric Dentistry
- American Board of Periodontology
- 115 American Board of Prosthodontics
- American Board of Public Health Dentistry 106
- 120 Boards other than ABMS/AOA

DO Boards

- 118 American Osteopathic Board of Anesthesiology
- 119 American Osteopathic Board of Dermatology
- American Osteopathic Board of Emergency Medicine
- American Osteopathic Board of Family Practice
- American Osteopathic Board of Internal Medicine
- American Osteopathic Board of Neurology and Psychiatry 124
- 125 American Osteopathic Board of Neuromuskuloskeletal Medicine
- American Osteopathic Board of Nuclear Medicine
- American Osteopathic Board of Obstetrics and Gynecology
- American Osteopathic Board of Ophthalmology and Otolaryngology
- American Osteopathic Board of Orthopedic Surgery 129
- American Osteopathic Board of Pathology 130
- American Osteopathic Board of Pediatrics
- American Osteopathic Board of Preventive Medicine
- American Osteopathic Board of Proctology
- American Osteopathic Board of Radiology 134
- American Osteopathic Board of Rehabilitation Medicine 135
- 136 American Osteopathic Board of Surgery

- 140 American Board of Medical Specialists in Podiatry
- 137 American Board of Podiatric Orthopedics and Primary Podiatric Medicine
- 138 American Board of Podiatric Surgery
- American Council of Certified Podiatric Surgeons and Physicians

State Mandated/CAQH Credential Form Addendum Requirement

State Mandated or CAQH Credential forms include an Addendum that the provider must complete in order for the credentialing response to be considered complete. These State Mandated or CAQH Credential forms do not incorporate this language into their forms.

<u>Document Name</u>: Credential Attestation Addendum

Addendum to the State or CAQH	Credential Application
Please answer the question below and include this page wi Failure to respond the question below will delay in process	
For any NO answer, provide an explanation on a separate s	heet of paper.
☐ Yes ☐ No Do you follow Center for Disease Control Guidelines for Infect applicable laws and regulations related to the practice of dentistry including and employee safety in the work place?	
Dentist Signature (no signature stamps):	Date: