



**QCP**  
QUALITY CARE PARTNERS

434 Main St  
Zanesville, OH 43701  
(740) 455-5199; Fax (740) 455-8817

www.qualitycarepartners.com

***\*COMPLETE A SEPARATE FORM FOR EACH LOCATION AND/OR PROVIDER\****

***\*For Mid-Levels: Please include copy of Standard Care Agreement (SCA) with collaborating physician\****

<b>Provider Information Form</b>			
<input type="checkbox"/> <b>New Provider</b> <input type="checkbox"/> <b>Change in Information</b> <input type="checkbox"/> <b>Deletion of Provider</b>			
<b>PROVIDER START or TERM DATE:</b>			
<b>PROVIDER NAME:</b>			
<b>DATE OF BIRTH:</b>		<b>SOCIAL SECURITY #:</b>	
<b>SPECIALTY:</b>		<b>SPECIALTY-CERTIFYING ENTITY:</b>	
<b>BOARD CERTIFIED BY:</b>			
<b>PRACTICING AS A:</b>		<b>Primary Care Provider (PCP)</b> <input type="checkbox"/> <b>OR</b> <b>Specialist</b> <input type="checkbox"/>	
<b>NPI #:</b>	<b>CAQH #:</b>	<b>MEDICARE #:</b>	<b>MEDICAID #/CAPACITY:</b>
<b>PRACTICE ADDRESS, PHONE, &amp; FAX:</b>			
<b>GROUP NAME, IF ANY:</b>			
<b>GROUP NPI #:</b>			
<b>BILLING NAME:</b>			
<b>BILLING ADDRESS, PHONE, &amp; FAX:</b>			
<b>BILLING TAX ID # (INCLUDE A COPY OF W9):</b>			
<b>CREDENTIALING CONTACT NAME , PHONE, &amp; EMAIL:</b>			
<b>NOTES:</b>			
<b>Contact: Shari Sharrock (740-455-5199, ext. 1116) and Heather Yontz (740-455-5199, ext. 1125) or email <a href="mailto:ssharrock@qualitycarepartners.com">ssharrock@qualitycarepartners.com</a> and <a href="mailto:hyontz@qualitycarepartners.com">hyontz@qualitycarepartners.com</a></b>			