QUALITY CARE PARTNERS

33 S 5th St
Zanesville, OH 43701
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www.qualitycarepartners.com

COMPLETE A SEPARATE FORM FOR EACH LOCATION
Please include completed ODI Standardized Credentialing Form

Group or Facility Information Form

☐ **New Group or Facility** ☐ **Change in Information** ☐ **Deletion of Group or Facility**

GROUP/FACILITY START DATE:	
GROUP/FACILITY NAME:	
LEGAL NAME (IF APPLICABLE):	
SPECIALTY:	
GROUP NPI #:	
TAX ID # (INCLUDE A COPY OF W9):	
MEDICARE # (IF APPLICABLE):	
MEDICAID # (IF APPLICABLE):	
GROUP PRACTICE/FACILITY ADDRESS, PHONE, & FAX:	
BILLING NAME:	
BILLING ADDRESS, PHONE, & FAX:	
CREDENTIALING CONTACT NAME, PHONE, & EMAIL:	
NOTES:	

Contact: Amanda Anders (888-258-7621, ext. 1135 or email aanders@qualitycarepartners.com)
OR Heather Yontz (888-258-7621, ext. 1125 or email hyontz@qualitycarepartners.com)

ODI Standardized Credentialing Form can be found at http://www.insurance.ohio.gov/