



QUALITY CARE PARTNERS

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Zanesville, OH 43701
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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

Provider Information Form			
<input type="checkbox"/> New Provider <input type="checkbox"/> Change in Information <input type="checkbox"/> Deletion of Provider			
PROVIDER START DATE:			
PROVIDER NAME:			
DATE OF BIRTH:			
SPECIALTY:			
PRACTICING AS A:		Primary Care Provider (PCP) <input type="checkbox"/> OR Specialist <input type="checkbox"/>	
NPI #:	CAQH #:	MEDICARE #:	MEDICAID #:
PRACTICE ADDRESS, PHONE, & FAX :			
GROUP NAME, IF ANY:			
GROUP NPI #:			
BILLING NAME:			
BILLING ADDRESS, PHONE, & FAX:			
BILLING TAX ID # (INCLUDE A COPY OF W9):			
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)			