



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

www.qualitycarepartners.com

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

Group or Facility Information Form	
<input type="checkbox"/> New Group or Facility <input type="checkbox"/> Change in Information <input type="checkbox"/> 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: Shari Sharrock (740-455-5199 ext. 1116) and Heather Yontz (740-455-5199 ext 1125) or email ssharrock@qualitycarepartners.com and hyontz@qualitycarepartners.com	

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