



**QCP**  
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 or TERM DATE:			
PROVIDER NAME:			
DATE OF BIRTH:		SOCIAL SECURITY #:	
SPECIALTY: -		SPECIALTY-CERTIFYING ENTITY:	
BOARD CERTIFIED BY:			
PRACTICING AS A:		Primary Care Provider (PCP) <input type="checkbox"/> OR    Specialist <input type="checkbox"/>	
NPI #:	CAQH #:	MEDICARE #:	MEDICAID #/CAPACITY:
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:			
<b>Contact: Shari Sharrock (740-455-5199, ext. 1116) or email <a href="mailto:ssharrock@qualitycarepartners.com">ssharrock@qualitycarepartners.com</a></b>			