



## New Practice/New Location

**Type of Addition:**       Practice (New TIN)       Location       Billing Address  
 Correspondence Address       Credentialing Address

Location to Add							
Addition Type: <input type="checkbox"/> Practice (New TIN) <input type="checkbox"/> Location <input type="checkbox"/> Billing Address <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Credentialing Address							
Legal Practice Name:				Tax ID #:		Group NPI #:	
Group Practice Name/ Directory Listing Name:						List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:							
City:			State:			Zip:	
Provider(s):							
Practice Contact:				Practice Email:			
Practice Contact Phone #:				Practice Contact Fax #:			
Office Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Open:</b>							
<b>Close:</b>							
Languages Spoken:							

Location to Add cont.							
Addition Type: <input type="checkbox"/> Practice (New TIN) <input type="checkbox"/> Location <input type="checkbox"/> Billing Address <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Credentialing Address							
Group Practice Name/ Directory Listing Name:						List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:							
City:			State:			Zip:	
Provider(s):							
Practice Contact:				Practice Email:			
Practice Contact Phone #:				Practice Contact Fax #:			
Office Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Open:</b>							
<b>Close:</b>							

Location to Add cont.							
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		<input type="checkbox"/> Correspondence Address	<input type="checkbox"/> Credentialing Address				
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Practice Contact Phone #:				Practice Contact Fax #:			
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<b>Close:</b>							
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Addition Type:		<input type="checkbox"/> Practice (New TIN)	<input type="checkbox"/> Location	<input type="checkbox"/> Billing Address			
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Practice Contact:				Practice Email:			
Practice Contact Phone #:				Practice Contact Fax #:			
Office Hours:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
<b>Open:</b>							
<b>Close:</b>							

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
DATE (MM/DD/YYYY)