
Provider Information

Complete one form per provider. Complete the form thoroughly. Leave blank non-applicable and unknown information. Photocopy form as needed.

Provider Information

- Provider's complete name (i.e. John David Doe):
 - _____
- Provider's complete other name (i.e. John David Smith):
 - _____
 - Other name type: former/maiden name _____ professional name _____
 - Other (please describe _____)
- Provider's credentials (i.e. M.D., D.O., Ph.D., ANP...):
 - _____
- Provider's birth information:
 - Date: _____ City: _____ State: _____ Country: _____
- Provider's medical license number:
 - State: _____ Number: _____ Date first issued: _____
- Provider's Social Security number and/or tax ID number:
 - SSN: _____ Tax ID Number _____
- Provider's specialty:
 - _____
- Provider's subspecialty(s):
 - _____
- Provider's Medicare ID:
 - _____

MedEase Practice Management System

- Provider's Railroad Medicare ID:
 - _____
- Provider's Medicaid ID:
 - _____
- Provider's Blue Cross Submitter ID:
 - _____
- Provider's NPI number:
 - _____
- Provider's CLIA number:
 - _____
- Provider's DMERC supplier number:
 - _____
- Provider's taxonomy code:
 - _____
- Provider's DEA number:
 - _____
- Provider's home address and contact information:
 - Address: _____
 - CSZ: _____
 - Home phone: _____ Cell phone: _____
 - E-mail: _____

Board Certification

- Name of issuing board:
 - _____
- Specialty:
 - _____
- Effective date:
 - _____
- Expiration/renewal date:
 - _____

Education Information

- Undergraduate school:
 - School: _____
 - Graduation year: _____ Degree _____
- Medical school:
 - School: _____
 - Graduation year: _____ Degree _____
- Internship:
 - Location: _____
 - From date: _____ To date: _____
- Residency:
 - Location: _____
 - Specialty: _____
 - From date: _____ To date: _____

MedEase Practice Management System

- Fellowship:
 - Location: _____
 - Specialty: _____
 - From date: _____ To date: _____

Please provide copies of the following for each provider in your clinic:

- Medical/Professional School Degrees/Diplomas
- Board Certification
- Professional License(s)
- CV
- CLIA License
- Business License(s)
- DEA
- Certificate of Professional Liability Insurance Coverage
- IRS generated Documentation w/Tax ID # & Legal Name of Practice
- NPI Notification, User Name & Password to access
- Medical Record Storage Address (if different)
- Professional Sanctions, Criminal, Litigation, Malpractice Actions (if any)
- A list of current fees by CPT
- Name of all other practice locations outside the normal office (Hospital, Ambulatory Surgery Center.)
- All Insurance Carriers for which you are contracted with, including Provider ID #'s (Individual & Group)
- Additional information:
