



Midlevel Physician Extender Information Form

A. PERSONAL INFORMATION

- 1. Name (Last, First, Middle) Degree/Professional Title
2. Other Names You May Have Used (Maiden, a.k.a., etc.) 3. Gender: Male Female
4. Home Address/Street City/State/Zip
5. Home Telephone Number Home Fax Number E-mail Address
6. Date of Birth (Month/Day/Year) 7. Citizenship/Place of Birth
8. Languages spoken in addition to English 9. Languages written in addition to English
10. Social Security Number 11. Ethnicity (Optional)
12. If you are not a US Citizen do you have authorization to work in the US? Yes No

B. PRIMARY OFFICE PRACTICE INFORMATION

- 1. Type of Practice: Corporation Partnership Solo Institution Hospital Based Hospital Employed Rural/Federal Qualified Health Clinic
2. Group Practice Name as Appears on SS4 or W-9 Form Federal Tax ID No.
3. Address Suite City State County Zip
4. Telephone No. Fax No. Office E-mail Address
5. Individual NPI Group NPI Internet access: Yes No
6. Office Manager Telephone No. Fax No.
7. Billing address where payments are to be sent City State Zip
8. Claims Payable to

9. _____
Languages other than English spoken by staff

Medicaid No. _____

10. List physicians/midlevels practicing at this location:

Specialty:

11. Office Hours

Handicap access: Yes No

YOUR OFFICE HOURS	FROM	TO	DOCTOR IS AVAILABLE FOR PATIENT CARE	FROM	TO
MONDAY			MONDAY		
TUESDAY			TUESDAY		
WEDNESDAY			WEDNESDAY		
THURSDAY			THURSDAY		
FRIDAY			FRIDAY		
SATURDAY			SATURDAY		
SUNDAY			SUNDAY		

12. Indicate the waiting time to obtain an appointment in your office for:

Routine visits _____ days Well exams _____ days Urgent problems _____ days

Note: This information is being gathered and used by Priority Health for tracking availability only.