

# Midlevel Physician Extender Information Form

## Personal information

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Degree/Professional title

Gender: Male  Female

\_\_\_\_\_  
Other names you may have used (Maiden, a.k.a., etc.)

\_\_\_\_\_  
Date of birth (month/day/year)

\_\_\_\_\_  
Citizenship

If you are not a US Citizen do you have authorization to work in the US? Yes  No

\_\_\_\_\_  
Languages spoken in addition to English

\_\_\_\_\_  
Languages written in addition to English

## Primary office practice information

Type of Practice:

Corporation

Partnership

Solo

Institution

Hospital Based

Hospital Employed

Rural/Federal Qualified Health Clinic

\_\_\_\_\_  
Group practice name as it appears on SS4 or W-9 Form

\_\_\_\_\_  
Federal tax ID#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone number

(\_\_\_\_\_) \_\_\_\_\_  
Fax number

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Individual NPI

\_\_\_\_\_  
Group NPI

Internet access: Yes  No

\_\_\_\_\_  
Office Manager

(\_\_\_\_\_) \_\_\_\_\_  
Telephone number

(\_\_\_\_\_) \_\_\_\_\_  
Fax number

\_\_\_\_\_  
Billing address where payments are to be sent

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Claims payable to

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Languages other than English spoken by staff

Medicaid # \_\_\_\_\_

List physicians and midlevels practicing at this location:

Specialty:

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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		

Handicap access: Yes  No

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

Routine visits \_\_\_\_\_ days    Well exams \_\_\_\_\_ days    Urgent problems \_\_\_\_\_ days

Additional notes or comments:

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**West and North region practices**

Fax completed form to:  
Attn: Contracting – 616 975-8851

Mail completed from to:  
Priority Health, Contracting - MS2310  
1239 East Beltline NE  
Grand Rapids, MI 49525

**East region practices**

Fax completed form to:  
Attn: Contracting – 248 324-2984

Mail completed from to:  
Priority Health, Contracting - FH11  
34505 W. 12 Mile Road  
Farmington Hills, MI 48331