



## Provider Intake Form

<b>Physician Information</b>		
Physician Name:	Specialty:	
TIN#:	Billing NPI:	
Physician NPI:	Physician TIN#:	
ACS:	BCBS:	
Practice Name:		
Physical Address:		
Contact Name(s):	Email:	
Direct Phone and Extension:	Fax:	
<b>Facility Information</b>		
Facility:		
Address:		
Contact Name(s):	Email:	
Direct Phone and Extension:	Fax:	
TIN#:	Billing NPI:	BCBS:
Comments:		