Attachment C

Provider Information Sheet

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| Annual Review Action Items | Please Check One |
| W-9 Form |  Updated  No Change |
| ACH Enrollment Form |  Updated  No Change |
| Practice NPI |  Updated  No Change |
| Contact Person at Your Practice |  Updated  No Change |
| Contact Person for Billing |  Updated  No Change |
| Language Interpretation Available |  Updated  No Change |
| Parking at Practice Locations |  Updated  No Change |
| Practice Office Hours |  Updated  No Change |
| Current List of Providers |  Updated  No Change |
| Fax Numbers |  Updated  No Change |

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| Contact Person at Your Practice | | | | | |
| To ensure effective communication between your practice and the PCC Project Access program, please provide the primary contact person’s information. | | | | | |
| Name: |  | | | | |
| Title: |  | | | | |
| Phone: |  | | Email: | |  |
| Contact Person for Billing | | | | | |
| To ensure effective communication between your practice and the PCC Project Access program regarding billing, please provide the primary billing contact person’s contact information. | | | | | |
| Practice NPI:  (write N/A if submitting paper claims) |  | | | | |
| Name: |  | | | | |
| Title: |  | | | | |
| Phone: |  | | Email: | |  |
| Practice Language Interpretation Available | | | | | |
| Spanish Speaking Staff Available? | | | |  Yes  No | |
| Other Languages Available? | | | |  Yes  No | |
| Specify other languages if applicable. | | | |  | |
| Parking | | | | | |
| Free Parking | | Paid Parking | Parking Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Practice Locations | | | | | |
| Please specify all locations where Eligible Services will be provided and the hours for each location. | | | | | |
| **Location 1 Address:** |  | | | | |
| Monday Hours |  | | Friday Hours | |  |
| Tuesday Hours |  | | Saturday Hours | |  |
| Wednesday Hours |  | | Sunday Hours | |  |
| Thursday Hours |  | |  | |  |
| **Location 2 Address:** |  | |  | |  |
| Monday Hours |  | | Friday Hours | |  |
| Tuesday Hours |  | | Saturday Hours | |  |
| Wednesday Hours |  | | Sunday Hours | |  |
| Thursday Hours |  | |  | |  |
| **Location 3 Address:** |  | |  | |  |
| Monday Hours |  | | Friday Hours | |  |
| Tuesday Hours |  | | Saturday Hours | |  |
| Wednesday Hours |  | | Sunday Hours | |  |
| Thursday Hours |  | |  | |  |
| **Current List of Providers** | | | | | |
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| Fax Numbers(s) | | | | | |
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