

Practice name:	Provider type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Facility
Legal entity name:	
Group NPI, if applicable (10 character):	Group/solo TIN/EIN number (9 character):

	Practice name (as it will appear in provider directory)	Street address	City	State	ZIP code + 4 digits	County	MAID #	Phone number with area code	Fax with area code
Practice Location 1									
Practice Location 2									
Practice Location 3									
Practice Location 4									
Practice Location 5									
Practice Location 6									
Practice Location 7									
Practice Location 8									

