



NETWORK PROVIDER AGREEMENT FACE SHEET

Organizational Information			
Legal Name of Organization:			
DBA, If applicable:			
Tax ID:	NPI:		
Office Address #1:	City:	State:	Zip:
Phone:	Emergency:	Fax:	
Email Address:		Website:	
Type of Organization: <input type="checkbox"/> For Profit Sole Proprietorship <input type="checkbox"/> For-Profit Partnership <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Other			

Service Line(s) and Location(s) Contracted <i>(Additional Sheet located on 2nd Page)</i>		
Service Line	Location Name and Address	Tax ID <i>(if different than main entity)</i>

Main Organizational Contacts			
<i>Please list the first and last name of each contact along with their phone number and email. If a person holds more than one role, the person's name can be indicated more than once.</i>			
Name	Phone Number	E-Mail	Authorized to sign contract? (Yes/No)
Executive Director/CEO:			
Contract/Amendment Contact:			
Compliance Officer:			
Security Officer:			
Recipients Rights Contact:			
Site Review Contact:			
Claims/Billing Contact:			
Clinical Director:			
Credentialing/Training Contact:			

