

Physician Provider Check list

A complete packet will have:

- Signed Participating Physician Agreement (All physician practices)
- Signed Amendment to Participating Physician Agreement (All physician practices)
- Signed Antitrust Policy (All providers)
- Completed Provider Pre-authorization (All providers if applicable)
- Completed NC uniform Application accompanied by the required documentation
- Check List completed (All providers)

Please complete the information below so that we can process your contract and list your practice correctly in employer directories.

Practice Name	
Tax Identification #	
Specialty	
Physical Address (Include multiple locations. If separate tax id numbers, please complete a separate form)	
Billing Address	
Phone Number	
Fax Number	
Office Manager/ Contact person	
E-Mail	

Please list all physicians that are included in your practice below: