



**Add Provider to Existing Contracted Group**

DATE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_ TAX ID: \_\_\_\_\_

GROUP NPI: \_\_\_\_\_

**CREDENTIALING CONTACT / ADDRESS:**

CONTACT / TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City ST Zip

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**INFORMATION ABOUT PROVIDER BEING ADDED TO PRACTICE:**

PROVIDER NAME: \_\_\_\_\_

SPECIALTY 1: \_\_\_\_\_ SPECIALTY 2: \_\_\_\_\_

START DATE WITH GROUP: \_\_\_\_\_ NPI#: \_\_\_\_\_

CAQH #: \_\_\_\_\_ DOB: \_\_\_\_\_

Please mark all applicable boxes below indicating the setting(s) where services are provided:

Hospital  
Please list Hospital affiliations \_\_\_\_\_

Ambulatory Surgery Center  
Please list ASC affiliations \_\_\_\_\_

Office

**PRACTICE LOCATION(S) ADDRESS:**

[1] ADDRESS: Accessibility for people with physical disabilities: yes  no

Street \_\_\_\_\_

City ST Zip Phone Fax

[2] ADDRESS: Accessibility for people with physical disabilities: yes  no

Street \_\_\_\_\_

City ST Zip Phone Fax

\*\*If you have additional addresses to add, please attached a roster with this form\*\*

**UPON COMPLETION, PLEASE FAX TO HOMETOWN HEALTH**  
Northern Nevada - Fax: 775-982-8003 or email to Kathy Ovenstone at [kathy.ovenstone@hometownhealth.com](mailto:kathy.ovenstone@hometownhealth.com)  
Southern Nevada – Fax: 775-982-8003 or email to Katy Gross at [katy.gross@hometownhealth.com](mailto:katy.gross@hometownhealth.com)