

HOSPITAL/FACILITY BASED PROVIDER APPLICATION for Participation in Encore Health Network

- COMPLETE THE ATTACHED OFFICE AND BILLING INFORMATION FORM.
- PLEASE KEEP US INFORMED WHENEVER YOU ADD OR TERM PROVIDERS FROM THIS GROUP.
- ENCORE DOES NOT CREDENTIAL FACILITY BASED PROVIDERS SPECIALIZING IN ANESTHESIOLOGY, EMERGENCY MEDICINE, PATHOLOGY AND RADIOLOGY, HOWEVER, ALL WILL BE LOADED INDIVIDUALLY INTO ENCORE SYSTEMS FOR DOWNLOAD INTO DIRECTORIES.

THANK YOU.
Encore Health Network Provider Relations Staff
888-446-5844

**ENCORE HEALTH NETWORK
HOSPITAL/FACILITY BASED PROVIDER INFORMATION**

I. PRIMARY OFFICE PRACTICE INFORMATION

Provider Name: _____ Male Female
Primary Office/Corporate Name: _____
TIN: _____ Specialty: _____ Brd Certified Yes No
DOB: _____ SSN: _____ NPI: _____
Office Manager: _____ E-Mail _____
Primary Office Address: _____
City: _____ State: _____ Zip Code: _____ County _____
Primary Telephone: (____) _____ Primary Fax: (____) _____

II. PRIMARY OFFICE BILLING INFORMATION

Is the Primary Billing Address the same as the Primary Office Address? Yes No

Primary Billing Name: _____
Contact Name: _____ E-Mail _____
Billing Address: _____
City _____ State: _____ Zip Code: _____
Primary Billing Telephone: (____) _____ Primary Billing Fax: (____) _____

III. SECONDARY OFFICE PRACTICE INFORMATION

Not Applicable

Secondary Office/Corporate Name: _____
Secondary Office Manager: _____ E-Mail _____
Secondary Office Address: _____
City _____ State: _____ Zip Code: _____
Secondary Telephone: (____) _____ Secondary Fax: (____) _____

TIN: _____

IV. SECONDARY OFFICE BILLING INFORMATION

Not Applicable Secondary Billing information same as Primary Billing Information

Secondary Billing Name: _____
Secondary Contact Name: _____
Secondary Billing Address: _____
City _____ State: _____ Zip Code: _____
Secondary Billing Telephone: (____) _____ Secondary Billing Fax: (____) _____