HEALTH PARTNERS OF NORTHERN CALIFORNIA

# Provider Information Form
# Physicians and Allied Health Professionals


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| **General Information** | |
|---|---|
| Provider Name: | Degree: |
| Individual NPI Number: | Group NPI Number: |
| Provider Type (please check ONE):<br>☐ Primary Care Physician<br>☐ Specialist<br>☐ Mid-Level | Gender (please check ONE):<br>☐ Male ☐ Female<br>Accepting New Patients?<br>☐ Yes ☐ No |
| Primary Specialty: | Secondary Specialty (if applicable): |
| Languages Spoken (other than English): | |
| Provider Effective Date **(Please provide the date provider became effective with group)** : | |

| **Hospital Privileges (please check all that apply)** | | | |
|---|---|---|---|
| | Doctors Medical Center of Modesto | | |
| | Emanuel Medical Center | | |
| | Oak Valley Hospital District | | |
| | Doctors Hospital of Manteca | | |
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| Office Location 1 | | | | |
|---|---|---|---|---|
| Group Name | | | | |
| Office Address | | City | ST | ZIP |
| Contact Name and Phone | Office Phone | Office Fax | E-Mail | |
| Remittance Name (Holder of Tax ID Number as Listed on W-9) | | | Tax ID Number | |
| Remittance Address | | | | |

| Office Location 2 | | | | |
|---|---|---|---|---|
| Group Name | | | | |
| Office Address | | City | ST | ZIP |
| Contact Name and Phone | Office Phone | Office Fax | E-Mail | |
| Remittance Name (Holder of Tax ID Number as Listed on W-9) | | | Tax ID Number | |
| Remittance Address | | | | |

| Office Location 3 | | | | |
|---|---|---|---|---|
| Group Name | | | | |
| Office Address | | City | ST | ZIP |
| Contact Name and Phone | Office Phone | Office Fax | E-Mail | |
| Remittance Name (Holder of Tax ID Number as Listed on W-9) | | | Tax ID Number | |
| Remittance Address | | | | |