



**Request for Contact/Data Information**

In our efforts to transition to a paperless environment, we will be sending various correspondence, notifications, updates, etc.. via email or fax.

Please provide us with the names of your office manager/billing manager, or staff who would like to receive any notifications we send via email. Please also provide a fax number you would like us to utilize when we send via fax.

Please visit our website for any current updates at [www.chealthpartners.com](http://www.chealthpartners.com)

<b>Provider:</b> _____
<b>Group Name:</b> _____

<b>Office Manager:</b> _____	<b>Email:</b> _____
<b>Billing contact:</b> _____	<b>Email:</b> _____

<b>Phone:</b> _____	<b>Fax:</b> _____	<b>Back line:</b> _____
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<b>Age limits:</b> _____	<b>Languages spoken:</b> _____	<b>Office Hours:</b> <input type="checkbox"/> Sat:
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<b>NPI number: individual #</b> _____	<b>NPI number: Group #</b> _____
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	<b>Website address:</b> _____
	<input type="checkbox"/> yes, link to CHP website

<b>List any special Clinical interests or services physician provides for referrals:</b> _____
<input type="checkbox"/> <b>Yes, Accepting new patients</b> <input type="checkbox"/> <b>Not accepting new patients at this time</b>

Fax this form back to Provider Relations: **239.659.7791** Thank you!  
Please call Provider Relations department for assistance: 239.659.7760.