Provider Information Form
Physicians and Allied Health Professionals

CHN Contact: Abby Townsend
Email: atownsend@ascendanthealthcare.com
Phone: (855) 537-6769
Fax: (419) 891-5211

General Information	
Provider Name:	Degree:
Individual NPI Number:	Group NPI Number:
Provider Type (please check ONE): ☐ Primary Care Physician ☐ Specialist ☐ Mid-Level	Gender (please check ONE): ☐ Male ☐ Female Accepting New Patients? ☐ 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 fill in below Hospital Name)			

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				