

Office Contact Information

Please provide contact information for your practice.

Provider Name:

NPI:

TIN:

Group/Facility Name:

Group NPI:

Group TIN:

Primary Address:

Suite:

City:

State:

ZIP:

Phone:

Email:

Fax:

Office Manager:

Phone:

Email:

Quality:

Phone:

Email:

Billing:

Phone:

Email:

Pre-Cert/Utilization Management:

Phone:

Email:

Contracting:

Phone:

Email:

Credentialing:

Phone:

Email:

Please return form to Provider Services Department at providerservices@cnchealthplan.com or fax to 682-503-5427.