6/9/2011

Practice/Physician Roster for Patient Attribution

Vermont Blueprint Hospital Service Area:

Payer:

Roster Date: 1

PLEASE USE ONE TAB PER PRACTICE

PROVIDER-LEVEL INFORMATION

PRACTICE-LEVEL INFORMATION

Provider First Name	Provider Last Name	Provider Credentials (MD, DO, APRN, PA)	Provider's Primary Scope of Practice	Provider's Secondary Scope of Practice (if dual)	Primary Care or Specialist Indicator (indicate PCP, SPECIALIST or BOTH)	Provider E-mail Address	Provider Phone Number	Individual Provider NPI	MVP Specific Provider Number (if available)	CIGNA Specific Provider Number (if available)	Individual Tax ID Number	Part B Individual PIN or PTAN	Individual PIN-Palmetto (if applicable)	Provider Effective Date	Provider Termination Date	Parent Organization (if FQHC, group, or hospital-owned practice)	Primary Care Practice Site Name	Name of Practice Used for Billing

Practice Physical Address	City	State	Zip Code	Affiliation Type (indicate GROUP, INDEPENDENT, HOSPITAL-OWNED, or FQHC)	FQHC Effective Date (if applicable)	Practice Specialty-Pediatrics (indicate with X)	Practice Specialty-Family Practice (indicate with X)	Practice Specialty-Internal Medicine (indicate with X)	Practice Specialty-OB/GYN (indicate with X)	NCQA Survey License Number	Practice/ Group National Provider Identifier (NPI) for Payment	NPI Type (indicate GROUP or INDIVIDUAL)	Practice Tax ID	Is Tax ID SSN or EIN? (indicate SSN or EIN)	Billing Contact First Name	Billing Contact Last Name	Billing Address	Billing City

Billing State	Billing Zip Code	Contact - Pay-To Last Name for Electronic Funds Transfer (EFT)	Contact - Pay-To First Name for Electronic Funds Transfer (EFT)	Contact - Pay-To E-mail Address	Contact - Pay-To Phone Number	Reports Contact - Last Name (for reports, if different than Contact - Pay-To Name)	Reports Contact - First Name (for reports, if different than Contact - Pay-To Name)	Reports Contact E-mail Address	Reports Contact Phone Number	PTAN	Medicare Part A Provider Number (FQHC Only)	Medicare Part B Group PIN or PTAN	Local MAC or Carrier Name	Carrier (Highmark? Palmetto?)	Part B Group PIN- Palmetto (if applicable)	Comments	

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