



Health Network One

Provider Information Form for PT/OT/ST

Office Location A									
Practice Name:									
Address 1:					Address 2:				
City:					State			Zip	
Phone:				Fax:			Emergency Phone:		
Email:					Contact:				
Group Location Medicaid Id:					Group Location Medicare Id:				
Group/Location NPI:				Age Ranges Seen:		Languages Spoken(Other than English):			
Hours									
	Open	Close	Open	Close		Open	Close	Open	Close
Monday					Thursday				
Tuesday					Friday				
Wednesday					Saturday				
					Sunday				
Billing Information (Make Payments Payable To)									
Payee Name:									
Tax Id:					Billing NPI (if different):				
Address 1:					Address 2:				
City:					State			Zip	
Phone:				Fax:			Email:		
1099 Address (if different from billing information)									
Name:									
Address 1:					Address 2:				
City:					State			Zip	
Phone:				Fax:			Email:		

Additional Office Locations

Office Location 2									
Practice Name:									
Address 1:					Address 2:				
City:				State			Zip		
Phone:			Fax:			Emergency Phone:			
Email:					Contact:				
Group Location Medicaid Id:					Group Location Medicare Id:				
Group/Location NPI:		Age Ranges Seen:		Languages Spoken(Other than English):					
Hours									
	Open	Close	Open	Close		Open	Close	Open	Close
Monday					Thursday				
Tuesday					Friday				
Wednesday					Saturday				
					Sunday				

Office Location 3									
Practice Name:									
Address 1:					Address 2:				
City:				State			Zip		
Phone:			Fax:			Emergency Phone:			
Email:					Contact:				
Group Location Medicaid Id:					Group Location Medicare Id:				
Group/Location NPI:		Age Ranges Seen:		Languages Spoken(Other than English):					
Hours									
	Open	Close	Open	Close		Open	Close	Open	Close
Monday					Thursday				
Tuesday					Friday				
Wednesday					Saturday				
					Sunday				

[illegible]

1. PT - Adults	7. STROKE	12. PED OT
2. OT - Adults	8. WOUND CARE	13. PED ST
3. ST - Adults	<i>with Whirlpool (not Aquatic)</i>	14. PARALLEL BARS
4. HAND/CHT	9. AQUATIC	15. PED DEVELOPMENTAL
5. LYMPHEDEMA	10. OB/GYN PT	16. NDT CERTIFICATION
6. NEURO	11. PED PT	17. BALANCE & VESTIBULAR REHAB

Note: Please submit along with this form copies of Professional License and Professional Liability Insurance for all therapists.