

Provider Office Point of Contact Information

We ask our providers to fill this form out in order to have the accurate contact information for your office for partnership projects due to Quality/HEDIS, RAF and/or attending to any concerns.

Group Name	Group TIN	Group NPI

Individual Provider Name	Individual Provider TIN	Individual Provider NPI

Primary Address	Suite	City	State	Zip Code

Phone	Fax	Practice Email

Register for Electronic Provider Alerts & Newsletters:

Email	
Contact Person	
Contact Phone	

Office contacts for the following:

Department	Name	Phone	E-Fax	Email
Office Manager				
Medical Records				
Quality/HEDIS				
Risk Adjustment				
Billing				
Authorizations				
Contracting				

Please return this form to Provider Concierge by email at providerconciierge@cnchealthplan.com or fax 682-503-5427.