

Return To: Credentiaing Dept
OhioHealth Group
155 E. Broad Street
Ste. 1700
Cols, OH 43215
Fax: 614.566.0401

OHIOHEALTH GROUP MANAGED CARE PRODUCTS
COLLABORATING PHYSICIAN FORM

DEMOGRAPHIC INFORMATION

Mid Level Practitioner Name: _____ Specialty: _____
Specialty Trained: _____ Group NPI No: _____
Group Name: _____ Tax ID: _____
Office Address: _____ City: _____ ST: _____ Zip: _____
Office Phone: _____ Office Fax: _____

COLLABORATING PHYSICIAN INFORMATION

(IF THERE ARE MORE COLLABORATING PHYSICIANS THAT NEED LISTED, PLEASE ATTACH TO THIS FORM)

Collaborating Physician Name: _____
Collaborating Physician Specialty: _____
Collaborating Physician Name: _____
Collaborating Physician Specialty: _____
Collaborating Physician Name: _____
Collaborating Physician Specialty: _____
Collaborating Physician Name: _____
Collaborating Physician Specialty: _____
Collaborating Physician Name: _____
Collaborating Physician Specialty: _____

Signature, Mid Level Practitioner

Date