

# Facility/Entity Data Form

Please make copies of this form as needed.

Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

IPA/PHO Name: \_\_\_\_\_

Primary Taxonomy Code: \_\_\_\_\_ Primary Specialty: \_\_\_\_\_

Secondary Taxonomy Code: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

## Facility/Entity Location

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

Entity Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Additional Locations

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

Entity Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Payment (Remit To) Address (If different than location above)

Entity Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_