



SATELLITE LOCATION(S) INFORMATION

Please provide the following information:

Practice Name _____
Address _____
Telephone # _____
Fax # _____
Administrator _____
Administrator Email _____

Please complete A, B, or C below, as needed to provide necessary information:

A. Satellite Location ADDITION(s)

1. Satellite Location Name _____
2. Physical address (Street, City, State, Zip) _____

3. Mailing address (if different from above) _____

4. Billing address (if different from above) _____

5. Telephone # _____
6. Fax # _____
7. Satellite Administrator _____
8. Satellite Administrator Email _____
9. List providers practicing at this location: _____

B. Satellite Location TERMINATION(s)

1. Satellite Location Name _____
2. Physical Address _____

3. Effective Date of Termination _____
4. List providers practicing at this location



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C. Satellite Location Change of Demographic Information

Please complete only the items pertaining to the change, indicating the **CURRENT** information on the **FIRST LINE** and **NEW** information on the **SECOND LINE**:

- 1. Satellite Location Name _____

- 2. Physical Address (Street, City, State, Zip) _____

- 3. Mailing Address (if different than above) _____

- 4. Billing Address (if different than above) _____

- 5. Telephone # _____

- 6. Fax # _____

- 7. Satellite Administrator _____

- 8. Satellite Administrator Email _____

- 9. Providers practicing at this location _____

- 10. Any other change of information not listed above:

Upon completion of above information, please PRINT and mail to:
DirectNet, 1333 2nd St., NE-Suite 200, Hickory, NC 28601

Or fax to:
DirectNet (828) 485-4334