



NEW PROVIDER ADDITION TO PARTICIPATING PRACTICE

(Please note, in the event the provider is a physician extender, they must be credentialed under the same guidelines, as new provider addition to the practice, in order to be listed on the website).

Please provide the following information:

1. Practice Name _____

2. New Provider Name _____

3. Physical Address _____

4. Mailing Address _____

(if different than above)

5. Billing Address _____

(if different than above)

6. Effective Date _____

7. Degree _____

8. Tax ID# _____

9. Individual NPI# _____

10. Group NPI# _____

11. Primary Specialty _____

12. Primary Hospital where privileges are held _____

13. Telephone Number _____

14. Fax number _____

15. Practice Administrator _____

16. Practice Administrator Email _____

17. Satellite Locations where physician will practice (if applicable).

List below with address, telephone #, fax #.

Upon completion of the above information, please PRINT and mail to:

DirectNet, 1333 2nd St., NE-Suite 200, Hickory, NC 28601

Or fax to DirectNet at: (828) 485-4334

You will be notified in writing when the information is incorporated into your provider file, forwarded to the third party administrators responsible for processing claims and the appropriate changes made to our website.