



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

For medical specialties that do not require hospital privileges, attach a copy of the most current licensure to practice in the state of North Carolina.

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.