

# Precision Collaborative Physicians Network



Precision facilitates collaborative opportunities among Provider/Prescribers and licensed entities, promoting incident-to-billing arrangements and reciprocal ancillary benefits, including patient relationship generation and other benefits. Please submit this initial participant information to start the process.

**Provider Name \***

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First	Middle	Last	Suffix

**Entity Name (Practice or Group Name) \***

**Type of Organization/Designation \***

- |   |  |
|---|--|
| <input type="checkbox"/> Physicians (MDs, DOs) and their subspecialties | <input type="checkbox"/> Nurse Practitioners (NPs)           |
| <input type="checkbox"/> Health Group or Hospital                       | <input type="checkbox"/> Accountable Care Organization (ACO) |
| <input type="checkbox"/> Clinical Nurse Specialists (CNSs)              | <input type="checkbox"/> Physician Assistants (PAs)          |
| <input type="checkbox"/> Podiatrists (DPMs)                             | <input type="checkbox"/> Dentists (DDS, DMD)                 |
|   | <input type="checkbox"/> Optometrists (ODs)                  |

**Specialty if Physicians (MDs, DOs)**

- |   |  |
|---|--|
| <input type="checkbox"/> Internal Medicine                  | <input type="checkbox"/> Neurology                                 |
| <input type="checkbox"/> Pediatrics                         | <input type="checkbox"/> Pathology                                 |
| <input type="checkbox"/> Psychiatry                         | <input type="checkbox"/> Orthopedic Surgery                        |
| <input type="checkbox"/> Surgery (General & Subspecialties) | <input type="checkbox"/> Neurosurgery                              |
| <input type="checkbox"/> Medical Genetics                   | <input type="checkbox"/> Ophthalmology                             |
| <input type="checkbox"/> Otolaryngology (ENT)               | <input type="checkbox"/> Obstetrics and Gynecology                 |
| <input type="checkbox"/> Dermatology                        | <input type="checkbox"/> Physical Medicine & Rehabilitation (PM&R) |
| <input type="checkbox"/> Radiology                          | <input type="checkbox"/> Emergency Medicine                        |
| <input type="checkbox"/> Anesthesiology                     | <input type="checkbox"/> Other                                     |

**Provider National  
Provider/Prescriber/Prescriber Identifier (NPI) \***

**Group National  
Provider/Prescriber/Prescriber Identifier (NPI)**

Taxonomy

PTAN (If Available)

Provider CAHQ Number

Do you have a DEA Number?

☐ Yes ☐ No ☐ N/A

Primary Contact Name (if different from the Provider/Prescriber) \*

Phone \*

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Email \*

Fax Number (If Available)

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Practice Service Location(s)

Address \*

Street Address

Address Line 2

City

Postal / Zip Code

Select a State



State / Province / Region

United States



Country

State(s) Licensed (all states where the Provider/Prescriber holds a license) \*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alabama        | <input type="checkbox"/> Alaska        | <input type="checkbox"/> Arizona        |
| <input type="checkbox"/> Arkansas       | <input type="checkbox"/> California    | <input type="checkbox"/> Colorado       |
| <input type="checkbox"/> Connecticut    | <input type="checkbox"/> Delaware      | <input type="checkbox"/> Florida        |
| <input type="checkbox"/> Georgia        | <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Idaho          |
| <input type="checkbox"/> Illinois       | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Iowa           |
| <input type="checkbox"/> Kansas         | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> Louisiana      |
| <input type="checkbox"/> Maine          | <input type="checkbox"/> Maryland      | <input type="checkbox"/> Massachusetts  |
| <input type="checkbox"/> Michigan       | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Mississippi    |
| <input type="checkbox"/> Missouri       | <input type="checkbox"/> Montana       | <input type="checkbox"/> Nebraska       |
| <input type="checkbox"/> Nevada         | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey     |
| <input type="checkbox"/> New Mexico     | <input type="checkbox"/> New York      | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Ohio          | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Oregon         | <input type="checkbox"/> Pennsylvania  | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota  | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Texas          | <input type="checkbox"/> Utah          | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Virginia       | <input type="checkbox"/> Washington    | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Wisconsin      | <input type="checkbox"/> Wyoming       | <input type="checkbox"/> Puerto Rico    |

Additional Notes or Information

How did you hear us (referral source)?