

Physician Information Form

Please contact Provider Relations for questions while completing this form.
e-mail: provider.contracting@fidelissc.com

Physician Location and Specialty Information

Primary Location:

Directory Listing: Y or N

Name: _____ (dba): _____ Tax ID: _____
 Address: _____ Group NPI: _____
 _____ Individual NPI: _____
 Phone: _____ Fax: _____ Medicare ID: _____ Medicaid ID: _____
 Office Contact: _____ Credentialing Contact: _____
 Office E-Mail: _____ E-Mail: _____

<p>I will service your members as:</p> <p><input type="checkbox"/> Primary Care Physician</p> <p><input type="checkbox"/> Specialist</p> <p><input type="checkbox"/> Mid-Level</p> <p><input type="checkbox"/> Other: _____</p>	<p>I would like to be listed in the Directory as:</p> <p>Primary Specialty: _____</p> <p>Sub-Specialty: _____</p>	<p>I will submit my Credentialing Application by:</p> <p><input type="checkbox"/> Completing a State Mandated Credentialing Application</p> <p><input type="checkbox"/> CAQH Provider ID: _____</p>
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Service Counties:

- Bexar Dallas Galveston Montgomery Travis
 Brazoria Fort Bend Harris Tarrant

Additional Location(s):

<p>Remittance Location:</p> <p>Address: _____ Phone: _____</p> <p>_____ Fax: _____</p> <p>Billing Contact: _____</p> <p>E-Mail: _____</p>	<p>Alternate Location: Directory Listing: Y or N</p> <p>Address: _____ Phone: _____</p> <p>_____ Fax: _____</p> <p>Office Contact: _____</p> <p>Phone: _____</p>
<p>Alternate Location: Directory Listing: Y or N</p> <p>Address: _____ Phone: _____</p> <p>_____ Fax: _____</p> <p>Office Contact: _____</p> <p>Phone: _____</p>	<p>Alternate Location: Directory Listing: Y or N</p> <p>Address: _____ Phone: _____</p> <p>_____ Fax: _____</p> <p>Office Contact: _____</p> <p>Phone: _____</p>

Completed By: _____
 Title: _____ Date: _____

Please return completed form to: Provider Relations
 Fax: (866) 852-3141
 e-mail: provider.contracting@fidelissc.com
 Mail: 20 N. Martingale Road, Suite 180
 Schaumburg, IL 60173

Please assist us with having the most accurate and up-to-date information by completing this form and returning it to us promptly. You may also submit future changes to provider.contracting@fidelissc.com.