



Correspondence/Mailing Address (  Check box if same as practice address above)

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Number and Street	City	State	Zip Code
Phone #:		Fax #:	

Medical Records Address (  Check box if same as practice address above)

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Number and Street	City	State	Zip Code
Phone #:		Fax #:	

Medical Records Name & Email:

Hospital Privileges or Supervising Physician:

Does Provider offer telehealth services?      Yes      No

Is provider accepting new patients Commercial?      Yes      No

Is provider accepting new patients Medicare?      Yes      No

Can patients schedule appointments with provider at this location?      Yes      No

## NPPES NPI Registry

To view current NPPES NPI Registry, please visit the following website: <https://npiregistry.cms.hhs.gov/>

PHP requires that provider information matches NPPES data. Additional information on how to update NPPES information can be found on the NPPES site at [nppes.cms.hhs.gov/IAWeb/login.do](https://nppes.cms.hhs.gov/IAWeb/login.do)



**All provider addresses appearing in PHP directory must be reflected in NPPES NPI Registry.**

**Return completed form to:**

**Physicians Health Plan**

**Attn: Network Services, Credentialing**

**PO Box 30377 Lansing MI 48909-7877**

**Fax: 517.364.8412**

**Email: [PHP.Credentialing@phpmm.org](mailto:PHP.Credentialing@phpmm.org)**

**If you have any questions, please call 517.364.8312**