

New Physician Survey



Physician: _____ Date: _____

Phone: _____ Fax: _____

E-mail: _____

Address: _____

Which credit cards do you accept?

American Express

Visa

Master Card

Discover

None

1. What is your Tax ID number?

2. What are your group numbers?

Medicare group number: _____

Medicaid group number: _____

3. What is your - Medicare provider number _____

- Medicaid provider number _____

- Blue Cross Blue Shield provider number _____

-UPIN number _____

- Social Security number _____

Thank you for your time and kind consideration in answering these questions. We look forward to working with you.