ST LOUIS
PHYSICIAN ALLIANCE

10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

Thank you for completing our physician office demographic form. This information will be used to identify you to payer organizations we contract with. Please return this completed form to **lisa.hunt@tenethealth.com**.

PRACTICE PROFILE

Practice Legal Business Name *(as stated on W-9)* | **Group NPI** | **Tax ID**

Practice Website URL

Practice Mailing Address

Mailing Address 1 | **Mailing Address 2**

City | **State** | **Zip** | **Phone Number** | **Fax Number**

Primary Practice Address *(if different from above)*

Practice Primary Address 1 | **Practice Primary Address 2**

City | **State** | **Zip** | **Phone Number** | **Fax Number**

Secondary Practice Address *(if applicable)*

Practice Secondary Address 1 | **Practice Secondary Address 2**

City | **State** | **Zip** | **Phone Number** | **Fax Number**

Practice Hours

	Primary Practice Hours	Secondary Practice Hours	Telephone Triage Availability
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

ST LOUIS
PHYSICIAN ALLIANCE
10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

PRACTICE PROFILE (cont.)

Office Manager Contact Information:

Office Mgr Name | Office Mgr E-mail | Office Mgr Phone

Secondary Office Personnel Contact Information:

Secondary Contact Name | Secondary Contact E-mail | Office Mgr Phone

Billing Information

Is your billing handled in-house or via a billing service? ☐ In-House ☐ Billing Service

Does your practice submit claims electronically? ☐ Yes ☐ No

Name of the Billing Service (if applicable) | Billing Contact Name (In-House or Billing Svc)

Billing Contact Phone (In-House or Billing Svc) | Billing Contact E-mail (In-House or Billing Svc)

Billing Address 1 | Billing Address 2

City | Billing State | Billing Zip | Billing Phone | Billing Fax

ADDITIONAL PRACTICE INFORMATION

Electronic Medical Record (EMR) Information Is your EMR? ☐ Web-Based ☐ PC Based ☐ N/A

Electronic Medical Record (EMR) Name | EMR Version

Direct secure EMR (HISP) address | EMR Vendor Contact Phone or E-mail

Clearinghouse vendor name | Clearinghouse Vendor Phone | Clearinghouse Vendor Email

Practice Management System (PMS) Name | PMS Version ☐ Web-Based PMS ☐ PC Based PMS ☐ N/A

PMS Vendor Contact Phone | PMS Vendor Contact E-mail

ST LOUIS
PHYSICIAN ALLIANCE
10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

PROVIDER INFORMATION

Provider 1:

_____ ___ _____ _____
First Name **MI** **Last Name** **Social Security Number**

_____ _____ _____ _____
Date of Birth **Degree** **Medicare (PTAN) Number** **Medicaid (TPI) Number**

_____ _____
CAQH Number **Individual NPI Number**

Specialty Type:
☐PCP ☐Specialist ☐Hospital-Based

_____ _____ _____
Primary Specialty **Sub Specialty** **Taxonomy Number**

_____ _____ _____
Secondary Specialty **Sub Specialty** **Taxonomy Number**

Gender: ☐Male ☐Female **Panel Status:** ☐Open ☐Closed **Patient Age Limits**_____

_____ _____
Physician E-Mail Address (required) **Physician Cell Phone Number**

_____
Direct Secure EMR (HISP) address

_____ _____ _____
MO Med License # **MO Med License Exp Date** **Primary St Louis Hospital Affiliation**

Are you board-certified? ☐ Yes ☐ No ☐ Board-eligible

Primary Practice Address

_____ _____
Practice Primary Address 1 **Practice Primary Address 2**

_____ _____ _____ _____ _____
City **State** **Zip** **Phone Number** **Fax Number**

Secondary Practice Address *(if applicable)*

_____ _____
Practice Secondary Address 1 **Practice Secondary Address 2**

_____ _____ _____ _____ _____
City **State** **Zip** **Phone Number** **Fax Number**

ST LOUIS
PHYSICIAN ALLIANCE
10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

PROVIDER INFORMATION (cont.)

Provider 2:

First Name _____ MI ___ Last Name _____ Social Security Number _____

Date of Birth _____ Degree _____ Medicare (PTAN) Number _____ Medicaid (TPI) Number _____

CAQH Number _____ Individual NPI Number _____ Specialty Type: ☐PCP ☐Specialist ☐Hospital-Based

Primary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Secondary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Gender: ☐Male ☐Female Panel Status: ☐Open ☐Closed Age Limits _____

Physician E-Mail Address (required) _____ Physician Cell Phone Number _____

MO Med License # _____ MO Med License Exp Date _____ Primary St Louis Hospital Affiliation _____

Are you board-certified? ☐ Yes ☐ No ☐ Board-eligible

Primary Practice Address

Practice Primary Address 1 _____ Practice Primary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____

Secondary Practice Address *(if applicable)*

Practice Secondary Address 1 _____ Practice Secondary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____

ST LOUIS
PHYSICIAN ALLIANCE
10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

Provider 3:

First Name _____ MI ___ Last Name _____ Social Security Number _____

Date of Birth _____ Degree _____ Medicare (PTAN) Number _____ Medicaid (TPI) Number _____

CAQH Number _____ Individual NPI Number _____ Specialty Type: ☐PCP ☐Specialist ☐Hospital-Based

Primary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Secondary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Gender: ☐Male ☐Female Panel Status: ☐Open ☐Closed Age Limits _____

Physician E-Mail Address (required) _____ Physician Cell Phone Number _____

MO Med License # _____ MO Med License Exp Date _____ Primary St Louis Hospital Affiliation _____

Are you board-certified? ☐ Yes ☐ No ☐ Board-eligible

Primary Practice Address

Practice Primary Address 1 _____ Practice Primary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____

Secondary Practice Address *(if applicable)*

Practice Secondary Address 1 _____ Practice Secondary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____

ST LOUIS
PHYSICIAN ALLIANCE
10733 Sunset Office Drive-Suite 262 · St Louis MO 63127
P: 314-800-2030 F: 314-667-3343 SLPA@tenethealth.com

Practice & Provider Profile

Provider 4:

First Name _____ MI ___ Last Name _____ Social Security Number _____

Date of Birth _____ Degree _____ Medicare (PTAN) Number _____ Medicaid (TPI) Number _____

CAQH Number _____ Individual NPI Number _____ Specialty Type: ☐PCP ☐Specialist ☐Hospital-Based

Primary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Secondary Specialty _____ Sub Specialty _____ Taxonomy Number _____

Gender: ☐Male ☐Female Panel Status: ☐Open ☐Closed Age Limits _____

Physician E-Mail Address (required) _____ Physician Cell Phone Number _____

MO Med License # _____ MO Med License Exp Date _____ Primary St Louis Hospital Affiliation _____

Are you board-certified? ☐ Yes ☐ No ☐ Board-eligible

Primary Practice Address

Practice Primary Address 1 _____ Practice Primary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____

Secondary Practice Address *(if applicable)*

Practice Secondary Address 1 _____ Practice Secondary Address 2 _____

City _____ State _____ Zip _____ Phone Number _____ Fax Number _____