HealthCare Partners, IPA
HealthCare Partners, Management Services Organization
501 Franklin Avenue, Suite 300, Garden City, New York 11530 (516) 746-2200 Fax (516) 294-9470

APPLICATION REQUEST FORM

Date of Request:_____

Type of Entity: ☐ **PCP**_____ ☐ **Specialist:**_____

☐ **Medical Group** ☐ **Ancillary**:_____

Name: _____

Address: _____

Contact Name/Title: _____

Telephone: _____ Fax Number: _____

Email Address: _____

Additional Locations: YES/NO

Reason for interest in HCP's Network: _____

_____

Contracted with Affiliates: ☐ Emblem ☐ LHA ☐ Empire

SCOPE OF SERVICE:

_____

COMMON CODES BILLED UNDER SPECIALITY:

_____

Physician: Board Certified Yes/No

What Hospital(s) are you primarily affiliated with? _____

_____

COMMENTS:_____

_____

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