Request for Contracting - Groups

Today's Date:

Practice Information

Clinic Name	Entity Legal Name
Tax ID	Group NPI
Website	Clinic Specialty
Hospital Privileges or Admit Plan	
Clinic Address: Street, City, State & Zip	☐ In Person Services Only ☐ Telehealth Services Only ☐ Combination of In-person and Telehealth Care
Clinic Phone Number	Clinic Fax Number
Billing Address: Street, City, State & Zip	Billing Phone Number / Billing Fax Number
Credentialing Contact	Credentialing Contact Email Address

Provider Information

Provider Name	NPI	Facility Based (Y/N)	License Type	Provider Email

Completed By (Required)

Completed By	email
Title	Phone

Once completed, please submit to SLHPProvRelations@slhs.org. A Provider Relations Representative will contact you to initiate the contracting process.