

Request for Contracting – Facilities

Today's Date:

Facility Information		
Facility Name	Address: Street, City, State & Zip	
Entity Legal Name	Phone Number	Fax Number
Tax ID	Website	
Credentialing Contact	Credentialing Contact Email Address	
Facility Type		
Completed By (Required)		
Completed By	Email	
Title	Phone	

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