

PRIMARY CARE PHYSICIAN

**BACK-UP PHYSICIAN
INFORMATION FORM**

**PRIMARY CARE PHYSICIAN'S
HIGHMARK WV PROVIDER OF SERVICE** _____

**PRIMARY CARE PHYSICIAN'S
INDIVIDUAL NPI NUMBER** _____

**PRIMARY CARE PHYSICIAN'S
TELEPHONE NUMBER** _____

**PRIMARY CARE
PHYSICIAN'S NAME** _____

BACK-UP PHYSICIAN'S NAME _____

**BACK-UP PHYSICIAN'S
HIGHMARK WV PROVIDER OF SERVICE NUMBER** _____

**BACK-UP PHYSICIAN'S
INDIVIDUAL NPI NUMBER** _____

DATE PROVIDER BECAME ACTIVE AS BACK-UP FOR THE PCP _____

DATE PROVIDER BECAME *INACTIVE AS BACK-UP FOR THE PCP _____

*Please notify the Provider Information Management Department at 1-800-798-7768 of any changes regarding the Back-Up Physician.

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PRIMARY CARE PHYSICIAN AGREEMENT.