



Practice Profile Addendum-Fields for Compliance PCP Physician/Extender

Physician/Extender Name: _____

Group Name/Address and Group ID:

Physician/Extender NPI#: _____

Board Certified: Y / N

Board Name: _____

Other Provider Expertise: _____

Gender: _____

Hospital Affiliations: _____

Languages: _____

Race/Ethnicity: _____

Is this physician/extender accepting new patients at this location? Y / N

Can members schedule appointments with this physician/extender at this location? Y / N

Age Restriction: _____

Accessible to people with physical disabilities: Y / N

Office Website: _____

Office Manager Signature: _____

Date: _____