



## Practice Profile Addendum- Fields for Compliance Specialist

Specialist Name: \_\_\_\_\_

Group Name/Address and Group ID: \_\_\_\_\_

\_\_\_\_\_

Specialist NPI#: \_\_\_\_\_

Board Certified: Y / N

Board Name: \_\_\_\_\_

Other Provider Expertise: \_\_\_\_\_

Gender: \_\_\_\_\_

Hospital Affiliations: \_\_\_\_\_

\_\_\_\_\_

Languages: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Is this specialist accepting new patients at this location? Y / N

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

Age Restriction: \_\_\_\_\_

Accessible to people with physical disabilities: Y / N

Office Website: \_\_\_\_\_

Office Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_