



HEALTHCARE COOPERATIVE

NETWORK PROVIDER CONTACTS

To allow us to best communicate with your practice, please provide contacts for each of the roles below as applicable to your organization. Fax to 262-754-9690 or email to providerchanges@commongroundhealthcare.org.

Provider Organization/Practice			
Practice/Entity Name			TIN
Primary Address	City	State	ZIP
Phone	Fax		
NPI			

Contracting -Questions related to the Agreement/Contract Negotiations				<input type="checkbox"/> Receives Provider Newsletter
Name		Title		
Mailing Address		City	State	ZIP
Phone	<input type="checkbox"/> Preferred	Email		<input type="checkbox"/> Preferred

Billing and Claims Contact- Questions related to Billing and Claims received				<input type="checkbox"/> Receives Provider Newsletter
Name		Title		
Mailing Address		City	State	ZIP
Phone	<input type="checkbox"/> Preferred	Email		<input type="checkbox"/> Preferred

Credentialing- Responsible for maintaining Provider Rosters/Credentialing				<input type="checkbox"/> Receives Provider Newsletter
Name		Title		
Mailing Address		City	State	ZIP
Phone	<input type="checkbox"/> Preferred	Email		<input type="checkbox"/> Preferred

I certify that I have the authority to provide this information on behalf of the organization			
Name		Title	
Signature		Date	