TLC Advantage, L.L.C.

NEW PRACTITIONER INFORMATION SHEET

ALL PRACTITIONERS MUST BE FULLY CREDENTIALED WITH TLC

Last: _____ First: _____ MI: ____ Degree _____
DOB: _____ SSN: _____ Specialty: _____
Board Certification (if applicable): _____ Type 1 NPI: _____
Starting Date: _____ Female _____ Male_____
DEA: _____ State: _____ Expiration Date: _____
License Number: _____ State: ___ Expiration Date: _____Medicaid ID: _____State: _____
Primary Language Spoken: _____ Secondary Language Spoken: _____
Professional Liability Insurance Company: _____

Practice Address:
Group Name: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____Phone: _____ Fax: _____
Type 2 NPI: _____
Directory Suppress? Yes_____ No_____
Practicing Specialty at this site: _____ Primary Site? Yes_____ No_____

Remittance Address:
Group Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Federal Tax ID Number: _____

Credentialing Contact Information:
Credentialing Contact Person: _____
Phone: _____ Fax: _____
Credentialing Contact E-mail Address: _____
Signature/Position of Credentialing Contact Person:
_____

Please attach a list of all satellite and / or outreach locations complete with practice address, phone numbers and remittance address.
Please mail, fax or email correspondence to: TLC Advantage, LLC, PO Box 89410, Sioux Falls, SD 57109-9410
Email: TLCProviderRelations@tlcadvantage.com

Fax: 605-361-1123