

Exploratory Questions:	Answer:
<p>What is the Legal Business Name (LBN) of your private practice, as reflected on any IRS documentation?</p>	
<p>Do you use a d/b/a or marketing name? If so, what is it?</p>	
<p>Are you by yourself in this private practice as a solo practitioner or are there other providers that will need to be contracted with you as part of a group?</p> <ul style="list-style-type: none"> • If contracting as a group, how many total providers are in practice? 	
<p>What is the primary physical location of your practice?</p> <ul style="list-style-type: none"> • If you have additional locations, how many? 	
<p>What is the tax identification number (TIN) for your practice?</p>	
<p>What is the organizational Type 2 NPI number used for your practice, as it is shown with NPES?</p>	
<p>Who is the authorized signatory for contracting purposes? Please include ALL of the following information:</p> <ul style="list-style-type: none"> • Name • Title/Position • Physical Address to be listed on contract • Email Address • Phone 	
<p>What is the specialty of your practice?</p> <ul style="list-style-type: none"> • Taxonomy 	

Please submit this completed form via email to: CHDProviderRelations@community.com