



**Additional Practitioner Form**

To add an additional provider to one or more of your service locations, please complete the form below or attach a separate list of additional practitioners to be added, and include the following information for each practitioner:

	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4
Practitioner Name				
Practitioner Email				
Practitioner phone number				
Degree				
Specialty				
PCP (Y/N)				
NPI Number				
Medicaid Number				
Medicare Number				
License Number				
Print in Directory (Y/N)				
Accepting New Patients (Y/N)				
Location Name				
Location Address, City & Zip Code				
Location NPI				
Location Tax ID				
Effective Date at Location				

**Please return your completed application to our Provider Services Department:**

**Attn: Provider Quality Credentialing**  
**By Email: [Credentialing@mychoicefamilycare.com](mailto:Credentialing@mychoicefamilycare.com)**  
**Subject: Additional Practitioner Form**  
**Fax: 414.287.7704**  
**Mail: 10201 West Innovation Drive, Suite 100**  
**Wauwatosa, WI 53226-4822**

Questions? Please contact our Provider Services Department at 800.963.0035