



Path to Health Clinic Application Form

Please complete the following information to start the process of becoming a Path to Health provider. Email completed forms to ppourzanjani@cmspcounties.org by **no later than December 4, 2020**.

Applicant Organization Information:

Organization Name:

Counties Served:

Tax ID Number:

Website Address:

Estimated Number of Path to Health Members to be Served Each Year:

CEO Information:

CEO First Name:

Last Name:

Phone:

Title:

Fax:

Address:

City:

Zip Code:

Email:

Primary Contact Information:

Contact First Name:

Last Name:

Phone:

Title:

Fax:

Address:

City:

Zip Code:

Email:

Marketing Contact Information:

Contact First Name:

Last Name:

Phone:

Title:

Fax:

Address:

City:

Zip Code:

Email:

Path to Health Clinic Application Form *continued*

If the organization has **more than 5** clinic locations, please send along additional information as an attached document

Clinic Location Information (Site 1):

Location Name:

Address:

City:

Zip Code:

County:

Phone:

Fax:

NPI Number:

Clinic Location Information (Site 2, if any):

Location Name:

Address:

City:

Zip Code:

County:

Phone:

Fax:

NPI Number:

Clinic Location Information (Site 3, if any):

Location Name:

Address:

City:

Zip Code:

County:

Phone:

Fax:

NPI Number:

Clinic Location Information (Site 4, if any):

Location Name:

Address:

City:

Zip Code:

County:

Phone:

Fax:

NPI Number:

Clinic Location Information (Site 5, if any):

Location Name:

Address:

City:

Zip Code:

County:

Phone:

Fax:

NPI Number: