**Physician Name** (**Please Print**) _____

Physician ID _____ (**For Internal Use Only**)

**Payment Methods Accepted. Please Check Appropriate Box**

| Payment Code | Payment Type | Yes |
|---|---|---|
| AMEX | American Express | |
| Cash | Cash | |
| Check | Personal Check | |
| Debt | Debit Card | |
| Disc | Discover Card | |
| DMC | DMC Dept. Billed/Authorized | |
| MACA | Master Card | |
| Moor | Money Order | |
| Parr | Payment Arrangements | |
| Visa | Visa | |

1. Does your office accept Same Day or Next Day appointments?  (Please place a checkmark next to the appropriate selections below).                Yes ( )          No ( )

2. Does your office accept walk-ins?                Yes ( )          No ( )

3. Does your office have a personal computer?                Yes ( )          No ( )

4. Do you have internet access to an email account?                Yes ( )          No ( )

5. If you answered yes to the question above, may we send updated forms in the future via your email account?                Yes ( )          No ( )

Your email address _____

Name _____

Title _____

Phone Number _____

Signature_____

**PHYSICIAN'S OFFICE HOURS (Hours provider schedules patient appointments )**

**Languages Spoken** _____

**Primary Location** _____

Street Address _____

City/State _____

Phone Number _____

Fax Number _____

Monday          Physician Scheduling Hours: _____LUNCH _____

Tuesday          Physician Scheduling Hours: _____LUNCH _____

Wednesday     Physician Scheduling Hours: _____LUNCH _____

Thursday        Physician Scheduling Hours: _____LUNCH _____

Friday            Physician Scheduling Hours: _____LUNCH _____

Saturday        Physician Scheduling Hours: _____LUNCH _____

Sunday          Physician Scheduling Hours: _____LUNCH _____

**Additional providers practicing in this location: (**Please include Group Name)
_____

_____

**Office Manager:** _____ **Office Number:** _____

**Email:** _____@_____

**Secondary Location**_____

Street Address _____

City/State _____

Phone Number _____

Fax Number _____

Monday          Physician Scheduling Hours: _____LUNCH _____

Tuesday          Physician Scheduling Hours: _____LUNCH _____

Wednesday     Physician Scheduling Hours: _____LUNCH _____

Thursday        Physician Scheduling Hours: _____LUNCH _____

Friday          Physician Scheduling Hours: _____LUNCH _____

Saturday        Physician Scheduling Hours: _____LUNCH _____

Sunday          Physician Scheduling Hours: _____LUNCH _____


**Additional providers practicing in this location**:(Please Include Group Name)
_____

_____

**Office Manager**: _____ **Office Number**: _____

**Email**: _____@_____


**Third Location** _____

Street Address _____

City/State _____

Phone Number _____

Fax Number _____

Monday          Physician Scheduling Hours: _____LUNCH _____

Tuesday         Physician Scheduling Hours: _____LUNCH _____

Wednesday       Physician Scheduling Hours: _____LUNCH _____

Thursday        Physician Scheduling Hours: _____LUNCH _____

Friday          Physician Scheduling Hours: _____LUNCH _____

Saturday        Physician Scheduling Hours: _____LUNCH _____

Sunday          Physician Scheduling Hours: _____LUNCH _____


**Additional providers practicing in this location** (Please include Group Name)
_____

_____

**Office Manager**: _____ **Office Number**: _____

**Email**: _____@_____

# CONTRACTED INSURANCE PLANS

**Physician Name** (**Please Print**) _____

## Please Check Appropriate Box

| PLAN NAME/TYPE | YES |
|---|---|
| **Please check the box next to any health plan you are currently contracted to accept** | **Yes, I am contracted to accept this plan** |
| Aetna Commercial Gated and Non-Gated Products | |
| Aetna Medicare Advantage Plans; Excludes Aetna Medicare Select | |
| Aetna National Advantage Products (NAP) | |
| Aetna Select/Preferred | |
| Aetna Signature (ASA) | |
| Aetna Auto | |
| Aetna Workers Comp | |
| Beacon Health formally Value Options  (Sinai Grace and DRH Only) | |
| Beech Street | |
| Blue Care Network - BCN; | |
| Blue Care Network - Medicare Advantage | |
| Blue Cross Complete (Medicaid Program) | |
| Blue Cross Blue Shield of Michigan - All Products | |
| Blue Cross Blue Shield of Michigan - Medicare Advantage | |
| Carelink | |
| Cigna Behavioral Health (Sinai Grace and DRH only) | |
| Cofinity PPO | |
| Cofinity Select/Preferred | |
| Aetna Better Health (formally Coventry Cares and OmniCare) - Medicare Advantage | |
| Aetna Better Health (formally Coventry Cares and OmniCare) - Medicaid | |
| Aetna Better Health (formally Coventry Cares and OmniCare) Dual Eligibles (SNP) | |
| Coventry/First Health | |
| Coventry Auto (DRH Only) | |
| Coventry Workers Comp | |
| Fidelis - MiHealthLink Dual Eligibles | |
| HAP Midwest Health Plan - Medicare Advantage | |
| HAP Alliance Health & Life - Medicare Advantage PPO | |

Updated 12/2/19

| PLAN NAME/TYPE | YES |
|---|---|
| HAP Alliance Health and Life - Commercial PPO | |
| HAP HMO - Medicare Advantage | |
| HAP Commercial HMO | |
| HAP Preferred - Medicare Advantage PPO | |
| HAP Preferred Commercial PPO (including Cigna and Great West) | |
| Harbor Health - Medicaid | |
| Harbor Health - Medicare Advantage | |
| Humana *Effective June 1, 2017 | |
| Humana Medicare Advantage | |
| McLaren Health Advantage PPO | |
| McLaren Health Plan - HMO/PPO | |
| McLaren Health Plan - Medicare Advantage | |
| McLaren Health Plan - Medicaid | |
| Meridian Medicaid HMO | |
| Meridian Medicare Choice | |
| Molina - Dual Eligibles (SNP) | |
| Molina - Medicaid | |
| Molina - Medicare Advantage | |
| Multiplan | |
| PHCS (Private Health Care Systems) | |
| Priority Health - HMO | |
| Priority Health - PPO | |
| Priority Health - Medicare Advantage | |
| Total Health Care (THC) Commercial HMO/PPO | |
| Total Health Care (THC) Medicaid | |
| Tricare/Champus | |
| United Behavioral Health (Sinai Grace and DRH Only) | |
| United Community Plan (formally Great Lakes Health Plan) - Medicaid | |
| United Community Plan (formally Great Lakes Health Plan) - Medicare Advantage | |
| United Healthcare (UHC) - HMO/Gated | |
| United Healthcare (UHC) - Options PPO | |
| | |
| | |
| | |
| | |
| | |
| | |

Updated 12/2/19