PASSPORT HEALTH PLAN

5100 COMMERCE CROSSINGS DRIVE
LOUISVILLE, KY 40229
502-585-7900 / 800-578-0603
WWW.PASSPORTHEALTHPLAN.COM

PRACTICE DEMOGRAPHIC FORM

Practice NPI 1427229483 Practice Tax ID 61-1351752

Practice Name Transformations hope for today's families llc

Primary Address 4010 Dupont Circle Suite 582

City Louisville State KY Zip Code 40207 County Jefferson

Primary Phone 502-899-5411 Primary Fax 502-899-5411

REMIT ADDRESS

Remit Address 4010 Dupont Circle Suite 582

City Louisville State KY Zip Code 40207 County Jefferson

Remit Phone 502-899-5411 Remit Fax 502-899-5411

OFFICE HOURS

Monday – Friday 8 am (From) 5 pm (To)

OR

services are provided day and evening 7 days a week

Specified Days and Times

PRACTICE LIMITATIONS IF APPLICABLE

_____ Male Only _____ Female Only X Both

_____ Min Age _____ Max Age

Other No age limits

PLEASE NOTE:
The Practice Demographic Form cannot be processed without attaching the "Adding a Practitioner" Form(s).

For credentialing information, please call (502) 588-8578 or email passport.credentialing@passporthealthplan.com.