

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

	PRA	CTICE DE	MOGRA	APHIC FORM		
Practice NPI	Practice Tax ID					
Practice Name						
Primary Address						
City			State	Zip Code	County	
Primary Phone	Primary Fax					
		REM	IT ADD	RESS		
Remit Address						
City		S	State	Zip Code	County	
Remit Phone	Remit Fax					
		OFF	ICE HO	URS		
Monday – Friday	From	To				
<u>OR</u>						
Specified Days and Ti	mes					
	PRACTI	CE LIMITA	ATIONS	IF APPLICAB	LE	
Male Only	Fema	ale Only	Bo	oth		
Min Age	Max A	ge				

PLEASE NOTE:

Other

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 <u>passport.credentialing@passporthealthplan.com</u>.