

Practice Information for Participation in Health Current

Practice Name:	
Entity Tax ID:	
Practice NPI:	
Accepts Medicaid/AHCCCS:	Yes No

Primary Location Address

Street Address:			
City:		State:	Zip Code:
Telephone Number:			
Fax Number:			
Primary Contact:			
Title:			
Phone:			
Email:			
Preferred Contact:	Phone	Email	

Information Technology

Name of EMR:	
Version:	
CEHRT:	
PM:	
PM Version:	

I have discussed Health Information Exchange connection with UnitedHealthcare and agree to discussions with Health Current for the connection process:

Submitted by:

Title:

Date Submitted: