

 Atrium Health

 New Provider Information Form (PIF)

 Community / Affiliate

(Please complete ***electronically*** and forward the completed PIF along with the provider’s current CV **to** MSSproviderREQ@atriumhealth.org)

Date of Submission: Click or tap to enter a date. **[ ]  Physician** **[ ]  Advanced Practice Provider**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Information |  |  |  |  |  |
| **Last Name** | **Middle Name** | **First Name** | **Title (Credentials)** |
|  |       |       |  |
| **SSN** | **DOB** | **NPI** | **Male** | **Female** |
|       |       |       | **[ ]**  | **[ ]**  |

|  |  |
| --- | --- |
| **Current Home Address**      | **City, State, Zip**       |
| **Phone**       | **Alternate Phone**       | **Preferred Email**Alternate Email       |
| **Practicing Specialty:**       |
| Practice Information |
| Primary Practice:  |
| Practice Address:       | City, State, Zip:       |
| Practice Phone:        | SecureFax:      | **Clinical Start Date:**   |
| Practice Manager/Contact **NAME**:  | Practice Manager/Contact **EMAIL:** |
| Privilege Information |
| **Start Date:       Canopy Date:** | **Canopy Course Type:** **[ ]  Acute (Hospital) [ ]  Anesthesia** **[ ]  Emergency Medicine [ ]  Ambulatory (Practice)**  |
| **SELECT PRIVILEGE LOCATIONS** *– Indicate* ***Primary Privileges Location here*** *if more than one location is checked:*  |
| **[ ]** CMC/Mercy **\*\*INDICATE if**: **[ ]** CMC-Randolph and/or**[ ]** CMC-Davidson | **[ ]** Anson**[ ]** Cabarrus **[ ]** Carolinas Rehabilitation **[ ]** Cleveland/Kings Mountain **[ ]** Lincoln | **[ ]** Pineville**[ ]** Stanly**[ ]** Union/Union West Hospital **[ ]** University | **[ ]** CMC Harrisburg ED **[ ]** CMC Huntersville ED **[ ]** CMC Kannapolis ED **[ ]** CMC SouthPark ED **[ ]** CMC Steele Creek ED**[ ]** CMC Providence ED**[ ]** CMC Waxhaw ED |
| **Select Telemedicine Only Locations here:**    |
| **[ ]** CMC**/**Mercy | **[ ]** Anson **[ ]** Cabarrus **[ ]** Carolinas Rehabilitation | **[ ]** Cleveland/Kings Mountain **[ ]** Lincoln **[ ]** Pineville | **[ ]** Stanly **[ ]** Union/Union West Hospital **[ ]** University  |
| **Other Telemedicine Only Locations** |
| Training Status (PHYSICIAN ONLY) |
| **[ ]** From Residency/Fellowship | **Incoming Fellow? Yes [ ]  No [ ]**  |  |
| Additional Comments |
| **Notes/Comments:**  |

**PHYSICIAN or PHYSICIAN ASSISTANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NC State Medical License | DEA (NC) | SC Medical License | DEA (SC) | Taxonomy |
|       |       |       |       |       |

**ADVANCED PRACTICE PROVIDER -** EnterSponsoring Physician Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **NC Approval to Practice License** | **DEA (NC)** | **SC Approval to Practice License** | **DEA (SC)** |
|  |  |  |  |

**REGISTERED NURSE**

|  |  |  |  |
| --- | --- | --- | --- |
| **NC Registered Nurse Licensure** | **OTHER STATE RN** | **OTHER STATE RN** |  |
|  |  |       |  |

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