

Atrium Health

New Community Provider Information Form (PIF)

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Home Address** | | | | | | **City, State, Zip** | |
| **Cell Phone** | **Alternate Phone** | | | | | **Preferred Email**  Alternate Email | |
| **Practicing Specialty:** | | | | | | | |
| Practice Information | | | | | | | |
| Primary Practice: | | | | | | | |
| Practice Address: | | | | | | City, State, Zip: | |
| Practice Phone: | | | | SecureFax: | | **Practice Start Date:** | |
| Practice Manager/Contact **NAME**: | | | | | Practice Manager/Contact **EMAIL:** | | |
| Privilege Information | | | | | | | |
| **Epic Training Required:**  ***Epic Clinical Role:* Click Here To Select Clinical Role Using Drop Down Arrow.** | | | | | | **Anticipated Date for Hospital Privileges:** | |
| **SELECT PRIVILEGE LOCATIONS** *– Indicate* ***Primary Privileges Location here*** *if more than one location is checked:* | | | | | | | |
| CMC/Mercy **\*\*INDICATE if**:  Behavioral Health  CMC-Randolph and/or  CMC-Davidson  Anson | | Cabarrus  Carolinas Rehabilitation  Cleveland/Kings Mountain  Lincoln  Pineville  Stanly | | | | Union/Union West Hospital  University City  Scotland Health Care  Floyd Medical Center  Polk  Cherokee | AH Harrisburg ED (CAB)  AH Huntersville ED (UNIV)  AH Kannapolis ED (CAB)  AH SouthPark ED (CMC)  AH Steele Creek ED (PLV)  AH Providence ED (PVL)  AH Waxhaw ED (UNN)  AH Mt Island (UNIV) |
| **Select Telemedicine Only Locations here:** | | | | | | | |
| CMC**/**Mercy  Anson  Cabarrus | | Carolinas Rehabilitation  Cleveland/Kings Mountain  Lincoln | | | | Pineville  Stanly  Union/Union West Hospital | University City  Scotland Health Care  Floyd Medical Center  Polk  Cherokee |
| **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 |
|  |  |  |  |  |

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| GA State Medical License | DEA (GA) | AL Medical License | DEA (AL) | Taxonomy |
|  |  |  |  |  |

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

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

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| **GA Approval to Practice License** | **DEA (GA)** | **GA Approval to Practice License DEA (GA)** |
|  |  |  |

**REGISTERED NURSE**

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

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**11/22/2022 revised**