

 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)

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

|  |  |
| --- | --- |
| **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 |
|       |       |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |  |
|  |  |       |  |

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

**11/22/2022 revised**