

Offices/Locations: List all practice sites where you will be working with Aurora (if known) and identify a primary, mailing, and billing address.

Name

Office Name			Check all applicable boxes: <input type="checkbox"/> Primary Office <input type="checkbox"/> Mailing Address <input type="checkbox"/> Secondary Office <input type="checkbox"/> Billing Address	
Office Street Address			Office NPI Number	
Office City	Office State	Office Zip Code	Start Date (mm/dd/yyyy)	Finish Date (mm/dd/yyyy)
Office Phone 1 (Include Area Code)		Office Phone 2 (Include Area Code)	Office Fax (Include Area Code)	
Answering Service (Include Area Code)		Office Site Tax ID	Office Contact/Office Manager	
Credentiaing Contact		Physician Office Hours		
		Day of the Week	Start Time	End Time
Accepting New Patients		Monday		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Tuesday		
Print this location in online directory?		Wednesday		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Thursday		
Wheelchair Accessible?		Friday		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Saturday		
Languages Spoken at this Office		Sunday		

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<input type="checkbox"/> Yes <input type="checkbox"/> No		Saturday		
Languages Spoken at this Office		Sunday		

Offices Continued

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Secondary Office Billing Address

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Office NPI Number

Office City

Office State

Office Zip Code

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Finish Date (mm/dd/yyyy)

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Office Phone 2 (Include Area Code)

Office Fax (Include Area Code)

Answering Service (Include Area Code)

Office Site Tax ID

Office Contact/Office Manager

Credentialing Contact

Physician Office Hours

Day of the Week

Start Time

End Time

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Monday

Yes No

Tuesday

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Wednesday

Yes No

Thursday

Wheelchair Accessible?

Friday

Yes No

Saturday

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