

FAX completed form and CV to 650-358-5706

or email to providersrv@ppmsi.com

*Full Name (as it appears on your medical license): Degree: _____ License #: _____		CAQH # (Profile must be current, and SCCIPA must be granted access to view): _____	Years in Practice: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Office Address: _____		Phone: _____	Office Hours: Evenings or Weekends: _____
Secondary Office Address: _____		Phone: _____	Office Hours: Evenings or Weekends: _____
Board Certified? (Must be recognized by the ABMS) <input type="checkbox"/> YES (List Board): _____ <input type="checkbox"/> NO, Exam Date: _____ <input type="checkbox"/> Board Eligible, exam date: _____ <input type="checkbox"/> Does Not Apply (certificate only)		*On Call Coverage: Provider Name: _____ Phone #: _____	<input type="checkbox"/> Primary Care Physician: _____ <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> Other: _____
Applying as: <input type="checkbox"/> SOLO <input type="checkbox"/> GROUP	Individual NPI: _____ Organizational NPI: _____	Practice Name: _____ Tax ID: _____	
Additional Office Address: _____		Medicare Participation Status: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS (Date submitted): _____	
Hospital Admitting Privileges: <input type="checkbox"/> YES, OCH ___ REG ___ GSAM ___ ECH ___ <input type="checkbox"/> NO <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable		Ambulatory Surgery Admitting Privileges: <input type="checkbox"/> YES (List): _____ <input type="checkbox"/> NO	
If you are a PCP, would you consider being exclusive with SCCIPA? <input type="checkbox"/> Yes Not at this time		Other Medical Group Affiliations (please list): _____	
I am interested in becoming a member of SCCIPA. Please accept this as my Letter of Interest. Signature: _____ Date: _____ Phone: _____ Email: _____ Office Manager Name: _____ Required Peer Reference #1 : _____ Phone: _____ Required Peer Reference #2: _____ Phone: _____ Required Attachments: Curriculum Vitae			