

**Meridian Accountable Care Organization, LLC
Provider Information Sheet**

Practice Legal Name	
Practice TIN	
Number of Providers Billing Under TIN (should match the Joinder Agreement)	Enter a number:
Office 1 Information	
Street Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
Office 2 Information (if applicable) - record 3rd or more offices on the reverse side	
Street Address	
City	
State	
Zip Code	
Phone Number	
Fax Number	
Practice Manager Name	
Practice Manager Title	
Practice Manager Phone	
Practice Manager Email Address	
Practice Email Address (if different than above)	
Practice Web Address	
List names of providers with emails:	
	Email:
	Email:
	Email:
	Email:
	Email:
	Email:
List provider names and emails on reverse side if more room needed	
Electronic Health Record Name (if used)	
If no EHR deployed, please describe any plan to deploy in the future	
List Medical Staff Memberships at Meridian Health Hospitals	
List Medical Staff Memberships at Other Hospitals	

