



# UOP, LLC

Please Print Clearly or Type. **Highlighted Fields Must Be Answered**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **PCP / SCP**  
(Circle One)

**Gender:** M / F **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(Circle One)

**Ethnicity:** \_\_\_\_\_ **Language(s) Spoken:** \_\_\_\_\_

**Primary Practice Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_ **Group NPI:** \_\_\_\_\_ (Required)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Hours:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Office Manager:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

**Secondary Practice Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_ **Group NPI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Hours:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Office Manager:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_ **Hospital Privileges:** \_\_\_\_\_

**Certified:** Yes / No **Eligible:** \_\_\_\_\_  
(Circle One)

**Board Certification Date:** \_\_\_\_\_

**Recertification Date:** \_\_\_\_\_

**Board Certification Expiration:** \_\_\_\_\_

**DEA Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**MI Medical License:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**MI Controlled Substance:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Other State License(s):** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**CAQH Number:** \_\_\_\_\_

**NPI Number:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_

**ECFMG:** \_\_\_\_\_

**Medicaid Number:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_

Please Fax Changes to Julie Nagy at: 313-240-9881