UNIVERSITY RADIOLOGY

Referring Practice Information

GROUP / PRACTICE NAME	PHYSICIAN LAST NAME, FIRST NAME	PHYSICIAN SPECIALTY	PHYSICIAN NPI

**If you need more room to list all of your providers, please use the form on the next page to complete the list.*

ALL GROUP / PRACTICE LOCATIONS	GROUP / PRACTICE PHONE & FAX NUMBERS	GROUP / PRACTICE TAX ID

PRACTICE PAYER MIX

Medicare _____ %	Managed Medicare _____ %	Commercial Payers _____ %

OFFICE CONTACT NAMES (MIN. 2 REQUIRED)	OFFICE CONTACT EMAIL	OFFICE CONTACT PHONE NUMBER / EXT.

Referring Practice Information

(continued)

GROUP / PRACTICE NAME	PHYSICIAN LAST NAME, FIRST NAME	PHYSICIAN SPECIALTY	PHYSICIAN NPI