SENIOR WHOLE HEALTH

Simple. Secure. Independent.

PROVIDER INTEREST FORM
FOR NON-PHYSICIAN PROVIDERS

This form is for information gathering purposes only. It is not an application to join the network and submitting this form does not guarantee acceptance to the network. Upon review of your information, SWH will contact you should there be a network need for the services you provide. Otherwise, your information will be kept on file for future consideration should network needs change.

Your Name: _____

Provider Information:

Provider/Practice Name:

Web site/URL address: _____

Medicare Certified? ☐ **Yes** ☐ **No**

Medicaid Certified? ☐ **Yes** ☐ **No**

Type of Organization? ☐ **Profit** ☐ **Non-Profit**
☐ **Individual** ☐ **Group**

Provider Type? ☐ **DME** ☐ **Prosthetics/Orthotics**
☐ **Home Health** ☐ **Ambulatory/Surgical**
Other: _____

Office Address (Primary Location):

Street: _____

City, State, Zip: _____

E-mail Address: _____

Phone Number: _____

1. Please list all facility or practice locations and/or geographic coverage area (include additional pages if necessary):

_____

_____

_____

_____

2.Please select the Massachusetts counties where you provide service:

☐ Bristol	☐ Essex	☐ Middlesex	☐ Norfolk
☐ Plymouth	☐ Suffolk	☐ Worcester	☐ Hampden

3. What prompted you to contact Senior Whole Health (SWH)?

_____

_____

_____

_____

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4. What are the primary sources for your SWH member referrals? (If physician's, please list names)

☐ Hospitals ☐ Physicians ☐ Other (please specify below):

5. Are there languages other than English that <u>your clinical staff</u> use in your facility/practice?

☐ Armenian ☐ Arabic ☐ Chinese ☐ French ☐ German ☐ Haitian Creole ☐ Russian
☐ Spanish ☐ Thai ☐ Vietnamese ☐ Other (please specify):

6. Please list subspecialties, specialized techniques, special equipment or services.

7. Please list all applicable licenses, certifications, and accreditations.

8. Other comments/information:

Please return via email or fax to SWH Provider Relations @ 617-551-4185
providerrelations@seniorwholehealth.com