

Contracting Application - Medical Providers

Use this application to apply for participation with the HWMG provider network, which is accessed by HMAA and self-funded clients. Please accurately and legibly complete **all** sections of this application, and mark non-applicable sections with "N/A." Incomplete applications or missing documents will delay your application process. For Providers with two or more practitioners, please complete the **Practitioner Registration** section of this application for **each** practitioner. Kindly retain a copy of the submitted application for your files.

Section 1: General Practice Information

Type 2 National Provider Identifier Number (NPI)	Federal Taxpayer Identification Number
Business Name (as it appears on W-9)	
Practice Name (DBA) if different from Business Name	
Type of Practice (check one only; if other, please specify)	
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Group Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Facility (type: e.g., ASC etc.) _____ <input type="checkbox"/> Durable Medical Equipment/Supplies Provider <input type="checkbox"/> Other (specify) _____	

Primary Practice Location

Street Address	City	State	Zip Code
Appointment Phone (for Provider Directory)	Office Fax (for HWMG use only)	Email Address (for HWMG use only)	
Office Contact Person	Title	Phone/Fax/Email	
Information above also applies to:			
• Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
• Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
• Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
Make Checks Payable to			
Office Hours (Monday to Sunday)	Other Practice Information (if any)		

Additional Practice Location - Please list all practice locations. If more than two, make a copy of this page.

Street Address	City	State	Zip Code
Appointment Phone (for Provider Directory)	Office Fax (for HWMG use only)	Email Address (for HWMG use only)	
Office Contact Person	Title	Phone/Fax/Email	
Information above also applies to:			
• Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
• Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
• Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify contact info:			
Make Checks Payable to			
Office Hours (Monday to Sunday)	Other Practice Information (if any)		

