CATERPILLAR PPO HEALTHCARE NETWORK QUESTIONNAIRE

(PLEASE PRINT)

Current date: _____ **Effective date of change(s):** _____

Term Date if no longer Participating:_____

Name: _____ _____ _____

(Last) (First) (MI)

Group name: _____

Directory specialty: _____ **Degree (circle one): MD, DO, DPM, DC, PhD, PAC, APN, LCPC, LCSW, PT, SLP**

Social Security #: _____ **DEA #:** _____

Does practitioner practice with multiple Tax ID Numbers? (circle one) **Y N**

Tax ID #: _____ **Previous Tax ID #:** _____

(Attach W9) **(Only if inactive for this practitioner)**

Date of birth: _____ **Gender: (circle one)** **M F**

Languages spoken: _____

IL State License #: _____ **Individual NPI #:** _____

List your privileges at Caterpillar PPO Healthcare NetWork <u>Participating Hospital(s)</u>:

Hospital Name: _____ **Status:** _____

<u>Midlevel Providers & Physical and Occupational Therapy Providers Only:</u>

	Y	N
Are you under the direction/responsible supervision of a NetWork MD/DO? (circle one)	**Y**	**N**
Is your supervising NetWork MD/DO responsible for Prescription Coverage? (circle one)	**Y**	**N**
Is your supervising NetWork MD/DO responsible for Hospital Admission? (circle one)		

Name of supervising NetWork collaborative physician: _____

OFFICE USE ONLY
Contract Effective date _____

Fee Schedule Number _____

CATERPILLAR PPO HEALTHCARE NETWORK QUESTIONNAIRE

(PLEASE PRINT)

Primary Office Address (for directory publication):

Street: _____

City/State/Zip: _____

County: _____

Phone #: (_____)_____

Fax #: (_____)_____

Office Email: _____

Credenitaling Contact Name:_____
Credentialing Contact Phone:_____
Credentialing Contact Email Address:_____

Secondary Office Address (for directory publication):

Street: _____

City/State/Zip: _____

County: _____

Phone #: (_____)_____

Fax #: (_____)_____

Office Email: _____

(PLEASE ADD ADDITONAL OFFICE ADDRESSES ON A SEPARATE SHEET OF PAPER AND ATTACH TO QUESTIONNAIRE)

Billing address:

_____

_____

_____

_____

Phone #: (_____)_____ **Fax #: (_____)_____**

Should this billing address be utilized for all practice locations? (circle one)	**Y**	**N**
Physicians: Do you supervise any mid-level providers? (circle one)	**Y**	**N**
Nurse Practitioner? (circle one)	**Y**	**N**
Physician Assistant? (circle one)	**Y**	**N**
Midwife? (circle one)	**Y**	**N**

NOTE: If you answered "Yes" to questions pertaining to mid-level providers, it will be necessary for them to be credentialed by completing a separate Caterpillar PPO Healthcare NetWork Questionnaire and by providing all necessary credentialing documentation prior to seeing Caterpillar PPO Healthcare NetWork members. For any questions, please contact Caterpillar Provider Relations at 309-636-1795 or 309-494-2334.