

CATERPILLAR HEALTHCARE PPO NETWORK QUESTIONNAIRE

PLEASE ATTACH A CURRENT W-9 WITH THE SUBMISSION OF THIS COMPLETED QUESTIONNAIRE
ALL FIELDS REQUIRED (BLANKS WILL NOT BE ACCEPTED)
PLEASE PRINT

Current date: _____

Effective date of change(s): _____

Name: _____

(Last)

(First)

(MI)

Group name: _____

Directory specialty: _____

Degree (circle one): MD, DO, DPM, DC, PhD, PAC,
CNM, APN, LCPC, LMFT, LCSW, PT, OT, SLP, OD, CRNA

TAX ID #: _____

PREVIOUS TAX ID# _____

SOCIAL SECURITY # (last 4 digits): _____

DEA #: _____

Date of birth: _____

Gender:

M

F

Languages spoken: _____

IL State License #: _____

Individual NPI #: _____

List your privileges at Caterpillar PPO Healthcare NetWork Participating Hospital(s):

Hospital Name: _____

Status: _____

Midlevel Providers Only:

Are you under the direction/responsible supervision of a NetWork MD/DO?

Y

N

Is your supervising NetWork MD/DO responsible for Prescription Coverage?

Y

N

Is your supervising NetWork MD/DO responsible for Hospital Admission?

Y

N

Name of supervising NetWork collaborative physician: _____

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Primary Office Address (for directory publication):

Secondary Office Address (for directory publication):

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

County: _____

County: _____

Phone #: (____) _____

Phone #: (____) _____

Office website to list in online directory
(Required by Consolidated Appropriations Act)

Office Email: _____

Credentialing Contact Name: _____

Credentialing Contact Phone: _____

Credentialing Contact Email Address: _____

(PLEASE ADD ADDITIONAL 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 the mid-level questions above, it will be necessary for those providers to be credentialed by completing the required credentialing documentation. The provider will not be reimbursed as in-network for Caterpillar HealthCare PPO NetWork members until they receive notification of their approval date. For any questions, please contact Caterpillar Provider Relations at 309-675-6580.