



Join HealthCare Partners, IPA today!

Provider Name:

Individual NPI:

Requesting to join as:

PCP

Specialist

Provider Specialty:

Name of Practice:

of Practice Locations:

Primary Practice Address:

Group NPI:

TIN Number:

Do you or your group belong to another Independent Physician Association? Yes No

If yes, please provide name of IPA:

Are you employed by a hospital? Yes No

Reason for requesting to join:

Contact Information

Name:

Job Title:

Email:

Phone Number:

Please return completed form by email to provrel@hcpipa.com.

Call (866) 685-8996 | **Click** HealthCarePartnersNY.com

No annual participation fee to be a member of the HealthCare Partners, IPA