



## 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:

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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:

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### Contact Information

Name:

Job Title:

Email:

Phone Number:

Please return completed form by email to [businessdev@hcpipa.com](mailto:businessdev@hcpipa.com)

**Call** (718) 941-2185 | **Click** [HealthCarePartnersNY.com](http://HealthCarePartnersNY.com)

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