THIS FORM MUST BE COMPLETED AND SUBMITTED WITH PROPOSAL

Professional Medical Provider's Contract Summary Sheet

TO BE COMPLETED AND SUBMITTED BY THE CONTRACT PROVIDER

Facility Name:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____
Billing Address: (If different from the facility address)
Street Address:_____
City:_____ State:_____ Zip Code:_____
Telephone:_____ Fax Ph. No:_____
Medical Specialty_____
Federal Employee or Tax Identification No. (EIN/TIN):_____
DUNS Number:_____ Registered in SAM.gov? ☐ Yes ☐ No ☐ In Process
Medicare Participating Provider: ☐ Yes ☐ No
Medicare Provider Number(s):_____
Medicare Carrier:_____
Area: Prevailing Area:_____
National Provider Identifier (NPI): _____
Accepts Medicaid Patients: ☐ Yes ☐ No
Medicaid Provider Number:_____

Admitting/Staff Privileges: Please list the hospitals for which you have admitting and/or staff privileges:

Hospital Name	City	State

If this is group practice, please list all providers, their EIN/TIN or SSN, Specialty, and if, under any circumstance, they will bill independent of the group practice or outside the IHS Contract. Attach spreadsheet if more than 5 providers.

Name	EIN/TIN	Specialty	Independent Billing: Yes / No

Provider Certification – I certify (for individuals or group affiliations) that I am authorized to respond to the proposal and the above information is true to the best of my knowledge and that IHS may verify the information provided by contacting the National Practitioner Data Bank, Federation of State Medical Boards and/or those agencies responsible for licensing and board certification.

Authorized Signature of Provider:_____

PLEASE NOTE: The EIN/TIN, or SSN will be used to determine the pricing claims and the address to which each check (payment) is sent. A suffix must be assigned to the EIN/TIN, or SSN to create a unique number for each multiple Medicare Nos. or multiple billing sites to which a check (payment) should be sent. The appropriate EIN/TIN, or SSN with suffix must appear in **Block No. 26, d, of each IHS 843, Purchase-Delivery Order for Health Services.**