MedStar Family Choice

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PROVIDER GROUP CONTACT INFORMATION SURVEY

PURPOSE
As we continue moving forward with system improvements, we want to ensure all participating provider groups receive essential information regarding policies, procedures, provider news, system updates, and other communications.

Please provide the appropriate contact information for each area using the electronic **Survey Monkey link** or **QR Code**. If you would like to submit handwritten updates. Complete the form below in its entirety (2 pages) and follow the return instructions at the bottom of the form. This will help ensure communications and requests are directed to the correct individual within your organization.

https://www.surveymonkey.com/r/MNHCBVM

Provider Group Legal Name: _____

Provider Group DBA Name: _____

Type II (Group) NPI and/or TIN _____

1. BILLING CONTACT
Individual responsible for handling billing for the office.
Name:

Email:

Phone:

2. PROVIDER COMMUNICATIONS, NEWS & UPDATES
Individual who should receive provider communications, news, updates, and info. regarding policies & procedures.

Name:

Email:

Phone:

4. PROVIDER WEB PORTAL – DEMOGRAPHIC/DIRECTORY CHANGES & UPDATES ONLY

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Individual responsible for submitting/managing provider demographic and directory changes/updates through the Provider Web Portal only.

Name:

Email:

Phone:

Name of individual completing this form: _____

Return to MFC-ProviderRelations2@MedStar.net or 855-600-3077.

Thank you for helping us ensure important provider communications and requests are directed to the appropriate contacts.