



WORKPLACE WELLNESS

### Provider Office Information for Sand Creek Provider Network

Tax ID Number: \_\_\_\_\_

Practice/Agency Name: \_\_\_\_\_

### Office Information

Physical Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contact Information

Office Number: \_\_\_\_\_ \*EAP Contact Name: \_\_\_\_\_

Office Fax: \_\_\_\_\_ \*EAP Contact E-mail: \_\_\_\_\_

Website: \_\_\_\_\_ Credentialing Contact: \_\_\_\_\_

Credentialing E-mail: \_\_\_\_\_

**\*Contact Person and E-mail are required.**

### Office Hours (format example 9am to 5pm)

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

### Liability Insurance (Must include your current liability insurance face-sheet)

Liability Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Limit of Coverage Single Occurrence: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit of Coverage for Aggregate: \_\_\_\_\_

## Additional Office Location(s)

Physical Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Number \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Contact Name \_\_\_\_\_

## Office Hours *(format example 9am to 5pm)*

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

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Physical Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Number \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Contact Name \_\_\_\_\_

## Office Hours *(format example 9am to 5pm)*

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

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*If you have additional office locations, please fax or e-mail an extended list of the offices*

## Accessibility *(Attach explanations of "no" responses to the following questions)*

- Ability to return client phone calls within 1 business day?
- Ability to offer a routine appointment within 3 business days?
- Ability to offer an urgent appointment within 1 business day?
- Do you comply with federal, state and/or provincial, and local legal requirements governing public accessibility, health and safety?
- Do you maintain a service environment in all primary and affiliate offices that is:
  - Safe, clean, free of fire hazards, smoke free, and professional?

