

CATHOLIC MEDICAL PARTNERS - OFFICE OPERATIONS/ DATA REQUEST**Physician Name:****Date of Birth:****Gender:****Physician Specialty:****Languages Spoken:****For CMP office use
only****Office/Practice Name:****Office/Practice Address:****City:****State:****Zip:****Phone:****Fax:****Physician Email Address:****Office Manager/Primary Office Name:****Office Manager/Primary Office Direct Phone:****Office Manager/Primary Office Contact Email:****Physician NPI Number:****Physician DEA Number:***(Federal Narcotics Registration Number)***Physician/Practice Tax ID Number:****Physician New York State Medical License Number:****License Exp. Date:****BOARD ELIGIBILITY:****Certified/Eligible by Board of (circle):****Certificate Number:****Year Certified:****Primary Hospital (Please Check):** Kenmore Mercy Sisters Mt St. Mary's
Bertrand Chaffee**Other:****Accepting New Patients (Please Check):** YES NO**Do you refer to hospitalists for your inpatient admissions (Please Check):** YES NO**If yes, which of the above primary hospitals do you refer to the hospitalists:****If no, do you provide for you patients hospital care:** YES NO**Electronic Health Record Vendor Name:**