

# Practitioner Demographic Information



Group Practice Name:

Date:

Billing Tax ID:

Group NPI:

## PRACTITIONER INFORMATION

Professional Category: MD DO DPM DC NP PA Other:

Applying As: PCP Specialist (non-PCP) PCP/Specialist

Practitioner First Name: Practitioner Last Name:

Specialty: Subspecialty:

CAQH Number: Practitioner NPI Number:

If practitioner is not registered with CAQH, please provide a current TDI Credentialing application with a current date and signature.

Is the practitioner hospital based? Yes No Note: A yes response indicates the practitioner only practices in a hospital.

Practice Restrictions: Ages to Male Only Female Only Accepting New Patients Yes No

Credentialing Contact Name: Contact Email:

## PRACTITIONER SPECIFIC QUESTIONS

For each question below, please check all that apply.

Does the practitioner perform Advanced Imaging Services (CT/CTA, MRI/MRA, PET Scan)? Yes No

Has the practitioner completed cultural competence training for the following:

African American Alaskan Native Asian  
American Indian Hispanic/Latino Pacific Islander

Has the practitioner completed cultural competence training for the following:

Physical disabilities Substance abuse Blindness or visual impairment  
HIV/AIDS Homelessness Co-occurring disorders  
Chronic illness Deafness or hard-of-hearing Serious mental illness

Intellectual and developmental disabilities (IDD)

## STAR HEALTH (foster care) PRACTITIONERS ONLY

Does the practitioner have experience in treating any of the following:

Children with Post-traumatic Stress Disorder Children with sexual abuse  
Children with developmental disabilities Children with physical abuse

Members with Special Health Care Needs (MSHCN)

Does the practitioner have experience with:

Evidence-based practices (EBPs) modalities or promising practices such as TIC?

Medicare and Ambetter Data Element Requirements for Practice Locations

Street Address, City and Zip	Phone Number	Ext
Primary		
Practice 2		
Practice 3		
Practice 4		

Primary	Practice 2	Practice 3	Practice 4
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1. Does this location offer non-English languages (including ASL) on site by qualified healthcare interpreters?

American Sign Language			
Arabic			
Cantonese			
French			
German			
Haitian			
Hindi			
Italian			
Japanese			
Korean			
Mandarin			
Polish			
Portuguese			
Russian			
Spanish			
Tagalog			
Vietnamese			

2. Does this location supply translation services for written materials?

3. What accessibility options does this location offer for individuals with physical disabilities?

Parking spaces, curb ramps, or loading zones at building entrance			
Doorways wide enough to ensure safe passage by individuals using mobility aids			
Wheelchair accessible restrooms with grab bars and accessible			
ASL Signage and raised tactile text characters at office or elevator			
Medical equipment accessible to patients using mobility aids			
Exam rooms accessible to patients using mobility aids			

4. Is this location an accessible public transportation route?

5. What are the location days and hours of operation?	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Medicare and Ambetter Data Element Requirements for Additional Locations

Street Address, City and Zip	Phone Number	Ext
Practice 5		
Practice 6		
Practice 7		
Practice 8		

Practice 5	Practice 6	Practice 7	Practice 8
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_____ to _____	_____ to _____	_____ to _____	_____ to _____