

BayCare Exclusive Network Physician Information Form

Physician's Name:

Group Name:

Specialty:

Address:

Phone Number:

Fax Number:

Tax ID Number:

NPI Number:

Start Date (with BayCare):

Contracted with Cigna: Y or N

Effective Date:

Hospital Privileges:

Termination Date/ Reason for Term:

Please complete form and return to Kimberly Muntges via email: kimberly.muntges@baycare.org

