



**NEW PROVIDER ADDITION TO PARTICIPATING PRACTICE**

In the event the provider is a physician extender, they must be credentialed under the same guidelines, as new provider addition to the practice, to be listed on the website.

Please provide the following information:

- 1. Practice Name \_\_\_\_\_
- 2. New Provider Name \_\_\_\_\_
- 3. Physical Address \_\_\_\_\_
- 4. Mailing Address \_\_\_\_\_  
(if different than above)
- 5. Billing Address \_\_\_\_\_  
(if different than above)
- 6. Billing Phone Number \_\_\_\_\_
- 7. Billing Fax number \_\_\_\_\_
- 8. Effective Date \_\_\_\_\_
- 9. Degree \_\_\_\_\_
- 10. Tax ID # \_\_\_\_\_
- 11. Individual NPI # \_\_\_\_\_
- 12. Practice NPI# \_\_\_\_\_
- 13. Primary Specialty \_\_\_\_\_
- 14. Primary Hospital where privileges are held \_\_\_\_\_
- 15. Physical Address Telephone Number \_\_\_\_\_
- 16. Physical Address Fax Number \_\_\_\_\_
- 17. Practice Administrator \_\_\_\_\_
- 18. Practice Administrator Email \_\_\_\_\_
- 19. Satellite Locations where physician will practice (if applicable).  
List below with address, telephone #, fax #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once completed, please email to:**  
[lmorris@DirectNetLLC.com](mailto:lmorris@DirectNetLLC.com)

**Or fax to DirectNet at:**  
(828) 485-4334

**For medical specialties that do not require hospital privileges,  
attach a copy of the most current licensure to practice in the state of North Carolina.**

You will be notified via email when the information is incorporated into your provider file, forwarded to the third party administrators responsible for processing claims, and the appropriate changes made to our website.