



PROVIDER CONTACT UPDATE

Thank you for taking the time to update Hometown Health with your current practice information.
We appreciate your help!

PLEASE PROVIDE THE FOLLOWING CONTACTS

Practice Name _____ Tax ID _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Practice Email _____

Office Manager _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Billing Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Contracting Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Credentialing Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Provider Updates Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

UPON COMPLETION, PLEASE FAX TO HOMETOWN HEALTH ATTENTION "Provider Relations"
AT **775-982-8003** OR EMAIL TO **HTHProviderRelations@hometownhealth.com**.
10315 Professional Cir. • Reno, NV 89521 • 775-982-3000 • hometownhealth.com