Beacon Health
797 Wilson Street
Brewer, ME 04412
207.973-9799 Tele
207.973-7160 Fax

Contact Form

Practice name: Group NPI:

Practice open to new patients? (Circle one) Yes ☐ No ☐

Part of a larger organization? (Circle one) Yes ☐ No ☐ Name of organization:
Tax ID of organization:

Physical Address (location where you see patients)

Street: Suite:

City/State/Zip:

Phone #: Fax:

Mailing Address (location for correspondence)

Street: Suite:

City/State/Zip:

Phone #: Fax:

Billing Address

Street: Suite:

City/State/Zip:

Phone #: Fax:

Legal Signatory

Name: Title:

Email: Fax:

Phone #:

CEO

Name: Title:

Email: Fax:

Phone #:

CFO

Name: Title:

Email: Fax:

Phone #:

Practice/Office Manager (person responsible for all operations of practice)

Name: Title:

Email: Fax:

Phone #:

Credentialing Contact (person in their office for us to ask questions to)

Name: Title:

Email: Fax:

Phone #:

Quality Improvement Contact (person who handles quality issues)

Name: Title:

Email: Fax:

Phone #:

Lead Physician (for this location)

Name: Title:

Email: Fax:

Phone #:

Health Information Technology Contact (person knowledgeable about EMR, registry, technology related)

Name: Title:

Email: Fax:

Phone #:

What EMR (electronic medical records) vendor do you have?

Person providing

Name: Title:

Email: Fax:

Phone #:

Mail to:

This completed document should be forwarded to:

Provider Management
Beacon Health
797 Wilson Street Brewer, ME 04412

BeaconProvMan@emhs.org

or fax to **(207) 973-7160**