

LAB PROVIDER INFORMATION UPDATE FORM

* ***Information required for processing***

Date Sent _____

* Provider Name _____

SER # _____

Is Physician already entered in Provider Dictionary?

YES - Skip to COMMENTS

NO - PLEASE ATTACH COPY OF REQUISITION REFERENCING THIS PATIENT

Please provide all of the following information:

* License # _____ NYS License? YES or NO

* NPI # _____

* Office Address _____

* Phone # (_____) _____ Fax # (_____) _____

Alternate/Emergency Contact # _____

COMMENTS _____

* FROM _____ (Sender's Name) _____ (Contact # w/Area Code)

PLEASE SEND TO Labproviderupdate@bassett.org
OR
FAX Number: 607-547-5438