Covering Colleagues Supplemental Form

	REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUS	SE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.	
Section 4	Practice Location Information		
Covering Colleagues	SPECIFY PRACTICE LOCATION INDICATE THE PRACTICE LOCATION TO	O WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Include all colleagues providing regular coverage and his/her specialty, including if he/she is a partner in	► LOCATION # PRIMARY PRACTICE	PRACTICE NAME	_
		PRACTICE ADDRESS	_
one or more of your practice locations.			
IMPORTANT —	LAST NAME	SPECIALTY CODE	
In the box provided, indicate to which	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
practice location this page belongs.			_
Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.	LAST NAME	SPECIALTY CODE	
If you need to report additional Covering	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
Colleagues, photocopy this page as needed and submit as instructed.		SPECIALTY CODE	
	LAST NAME	SPECIALIT CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36	6)
	LAST NAME	SPECIALTY CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
	LAST NAME	SPECIALTY CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
	LAST NAME	SPECIALTY CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36	6)
	LAST NAME	SPECIALTY CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
	LAST NAME	SPECIALTY CODE	
	FIRST NAME	M.I. PROVIDER TYPE (CODE PG 36))
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