



"Providing Quality Healthcare to All"

BEST MEDICAL CARE, PC

Corporate Office: 121-02 Hillside Ave., Richmond Hill, NY 11418 Tel: 718-850-1673

Request to add new provider to eCW



Personal Info

Last Name *	First Name *	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	Suffix	Degrees/Credentials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxonomy Code	Specialty	Provider Initials
<input type="text"/>	Select Specialty ▾	<input type="text"/>
Date of Birth	Social Security No	DEA No
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	Home Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pager	Fax No.	Print Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Service Location	<input type="radio"/> Male	
Select Facility ▾	<input type="radio"/> Female	

Tax ID Details

Tax ID Type

Social Security No. Employer ID Number Corporate name, but Social Security Number

Provider Tax ID :	NPI	UPIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMCProviderID	Organization Type	Billing Facilities
<input type="text"/>	Select Organization Type ▾	Select Facility ▾
Medicare GRP# (or PIN#)	Medicaid GRP# (or PIN#)	Mammography Cert No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Champus GRP# (or PIN#)	Blue Shield GRP# (or PIN#)	Tax ID Suffix / Provider Site ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialty License	State License	Anesthesia License
<input type="text"/>	<input type="text"/>	<input type="text"/>
DPS# ?		
<input type="text"/>		

Login Info

Username *	Password	Confirm Password	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	Active ▾



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Signature Specimen Page

INSTRUCTIONS

This is how your signatures will be appearing on your progress notes or if you may choose to all other related documents. Please use black ink and sign clearly in the box below. Avoid signing across or over the boundaries. Do not date or write anything other than your signatures in the box. Try signing identically in all 5 boxes. Check the one you consider your best attempt and this will be scanned as your official e-signatures.

Please use this as my eSign

Please use this as my eSign

Please use this as my eSign

Please use this as my eSign

Please use this as my eSign

Completed By

Dated