Request Date:

NON-PARTICIPATING PROVIDER VERIFICATION FORM

In order to process your most recent authorization and/or claim, please complete and fax this form to Affinity at 718-536-3315 within three (3) days of receipt. In addition, please attach W9 form.

Provider Name____

NPI# | | | | | | | | | | | **License#** | | | | | | |

Medicaid# | | | | | | | | | **Medicare#** | | | | | | | | | | |

Provider Type: (Check all that apply)

- ❑ Medical Specialty –list type:____________________
- ❑ Primary Care & Multi Specialties Centers
- ❑ Free Standing Community Health Center
- ❑ Covering Physician
- ❑ Sub Specialty-list specialty type(s):_______________
- ❑ Hospital
- ❑ Ancillary- list ancillary type(s):__________________
- ❑ Article 28

Provider Office Information (*Main Office*)

Office Name:	**Address, City, State and Zip:**
Office NPI:	
Phone Number:	**Fax Number:**
Contact Person & Title:	
Email Address:	

Provider Billing Information

Payee Name:	**Address, City, State and Zip:**
Tax ID Number:	
Phone Number:	**Fax Number:**
Contact Person& Title:	
Email Address:	

Completed by: X________________________________ ________________________________
Signature Print Name

________________________________ ________________________________
Title Date

Internal Use Only			
Affinity Provider #		**Effective Date:**	

If you have more than one office and/or billing office, please complete the next page.

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Provider Office Information (*Secondary Office*)

Office Name:	Address, City, State and Zip:
Office NPI:	
Phone Number:	Fax Number:
Contact Person & Title:	
Email Address:	

Provider Billing Information

Payee Name:	Address, City, State and Zip:
Tax ID Number:	
Phone Number:	Fax Number:
Contact Person& Title:	
Email Address:	

Provider Office Information *(Additional Office)*

Office Name:	Address, City, State and Zip:
Office NPI:	
Phone Number:	Fax Number:
Contact Person & Title:	
Email Address:	

Provider Billing Information

Payee Name:	Address, City, State and Zip:
Tax ID Number:	
Phone Number:	Fax Number:
Contact Person& Title:	
Email Address:	

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