

TENANT'S INFORMATION

Once completed please email everything to: support@grow-nc.com

Name: _____ (with credentials)
Address: _____ (kept confidential)
City: _____ Zip: _____
Email: _____ (kept confidential)
Cell#: _____ (for business & clients)
Other: _____ (kept confidential)
DOB: _____
License#: _____ Issued: _____
NPI#: _____
SS#: _____
TaxID#: _____
CAQH#: _____

In-Network (check all that apply):

- | | |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> NC Health Choice |
| <input type="checkbox"/> American Healthcare Alliance | <input type="checkbox"/> Optum Health |
| <input type="checkbox"/> BCBS #: _____ | <input type="checkbox"/> PHCS |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Primary Physician Care |
| <input type="checkbox"/> ComPsych | <input type="checkbox"/> Tricare Standard |
| <input type="checkbox"/> Concern EAP | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Inclusive Health Insurance | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> Magellan | <input type="checkbox"/> Well Path Coventry |
| <input type="checkbox"/> Medicaid #: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medcost | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Military One Source | <input type="checkbox"/> Other: _____ |

Please attach the following:

- Signed contract (original)
- Completed W9
- Copy of license
- Copy of malpractice insurance
- Google calendar Login (email): _____
Password: _____
- Digital photo and bio for website

