

Hospital/Facility/ Ancillary Profile Sheet



Entity Name:

Tax ID:

Does this organization regularly participate in cultural competency training. Yes No

Please list all hospitals/facilities/ancillaries under this tax ID

Hospital/Facility/Ancillary Name	NPI Number	Medicaid ID	Specialty(ies)	Address, City, State, Zip	Phone

If you have more hospitals/facilities/ancillaries than the space above allows, you may submit multiple sheets by photocopying this template, or submit a roster that contains all of the above information.

Billing Name and Address:

Main Contact Name for Contract:

Main Contact Phone Number: