



Network Provider Contacts

To allow us to best communicate with your practice, please provide contacts for each of the roles below as applicable to your organization. Fax to 262-754-9690 or email to providerchanges@commongroundhealthcare.org.

Provider Organization/Practice			
Practice/Entity Name			TIN
Primary Address	City	State	ZIP
Phone	NPI		

Contracting -Questions related to the Agreement/Contract Negotiations <input type="checkbox"/> Receives Provider Newsletter			
Name		Title	
Mailing Address	City	State	ZIP
Phone <input type="checkbox"/> Preferred	Email <input type="checkbox"/> Preferred		

Billing and Claims Contact- Questions related to Billing and Claims received <input type="checkbox"/> Receives Provider Newsletter			
Name		Title	
Mailing Address	City	State	ZIP
Phone <input type="checkbox"/> Preferred	Email <input type="checkbox"/> Preferred		

Credentialing- Responsible for maintaining Provider Rosters/Credentialing <input type="checkbox"/> Receives Provider Newsletter			
Name		Title	
Mailing Address	City	State	ZIP
Phone <input type="checkbox"/> Preferred	Email <input type="checkbox"/> Preferred		