

## New Office Registration Form

**SEND COMPLETED FORM TO:**

**Email:** remedē@priahealthcare.com      **Fax:** 860.782.2091

PRACTICE INFORMATION		
PRACTICE NAME		
PHONE		
FAX		
ADDRESS		
TAX ID		
NPI		
PHYSICIAN INFORMATION		
PHYSICIAN NAME		
NPI		
TAX ID		
PTAN		
ADMINISTRATIVE CONTACT INFORMATION		
ADMIN CONTACT NAME		
ADMIN CONTACT EMAIL		
ADMIN CONTACT PHONE		
FACILITY INFORMATION		
FACILITY NAME		
FACILITY ADDRESS		
FACILITY PHONE		
FACILITY TAX ID		
FACILITY NPI		
OFFICE AVAILABILITY FOR ONBOARDING		
<i>Please provide three available dates/times to participate in the remedē Patient Access Program onboarding</i>		
SELECT TIME ZONE	<input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> MST <input type="checkbox"/> PST	
DATE	DATE	DATE
TIME	TIME	TIME