



1901 Las Vegas Blvd. So.
Suite 101
Las Vegas, Nevada 89104-1309
(702) 892-7313
www.culinaryhealthfund.org

October 2020

Dear Provider,

The Fund is updating its provider database and would like to request your assistance by asking you to complete the following questionnaire and attached Address Information Form and returning it to us by Friday, October 16, 2020. You may either email your response to contractsandcred@culinaryhealthfund.org or fax to 702-892-7365. **Please include a current roster of active providers in your practice.**

Group Name: _____

Are you accepting new patients? Yes _____ No _____

Do you accept Medicaid patients? Yes _____ No _____

Do you accept Medicare patients? Yes _____ No _____

What is your wait time for new appointments? _____

Hours of Operation: Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____ Sunday: _____

Thank you for taking the time to complete this information. It is sincerely appreciated and will be used as a resource in referring patients to providers within the Culinary Health Fund network. If you have any questions, or should the information provided change at any time, please contact Healthcare Networks at 702-892-7313 Option #1.

Sincerely,

Culinary Health Fund Administrative Services, LLC

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY



**CULINARY HEALTH FUND ADMINISTRATIVE SERVICES LLC
PROVIDER ADDRESS INFORMATION**

PRACTICE NAME: _____
CORRESPONDENCE MAILING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

BILLING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

CREDENTIALING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

TAX IDENTIFICATION NUMBER: _____
SITE LOCATION ADDRESS:

[1] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

[2] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

[3] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

If more than 3 sites please attach complete roster including site/providers.
 Site roster attached.

PROVIDER NAME **SPECIALTY** **LOCATION NO. Ex.: [2] or all.**

If more providers please attach complete roster including site/providers. Site roster attached

Effective Date: _____

Culinary Health Fund
1901 Las Vegas Blvd., South Suite #101
Las Vegas, Nevada 89104
Or Via Fax at: 702-892-7365

or
Email: contractsandcred@culinaryhealthfund.org