Start Hearing Facility Application

START HEARING

Dispensing Facility Information

(Provide one copy of this page for each dispensing location, or submit a separate list with the required information)

BUSINESS NAME:			
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
PHONE:	BUSINESS EMAIL:	TYPE OF SERVICE: ☐ Office Only ☐ Mobile Only ☐ Physical Office & Mobile *If mobile, please include a separate list of territory Zip Codes.*	
INDIVIDUAL LOCATION NPI:	PRACTICE MANAGER NAME:	PRACTICE MANAGER EMAIL:	

Please list all professionals names credentialing to this office:

PROFESSIONAL:	LANGUAGES SPOKEN OTHER THAN ENGLISH: ☐ Arabic ☐ Chinese ☐ French ☐ Korean ☐ Russian ☐ Spanish ☐ Tagalog ☐ Vietnamese
PROFESSIONAL:	
PROFESSIONAL:	
PROFESSIONAL:	

**If you have more than 4 professionals, please provide a separate list.*

Office Hours:

SUNDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
MONDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
TUESDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
WEDNESDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
THURSDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
FRIDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM
SATURDAY:	☐ N/A	☐ BY APPOINTMENT ONLY	_ AM	_ PM

FREE EXAM OFFERED:	☐ YES	☐ NO

SERVICE PEDIATRICS:	☐ N/A	AGES:	☐ 0-5	☐ 6-10	☐ 11-18

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