

GeisingerConnect

"Your Partner in Patient Care."

Please complete the following information or attach documentation of requested information.

Physician Practice/Facility Information

Physician Practice/Facility Name	
Address	
Phone Number	
Hours of Operation	
Contact Name	
Practice/Facility E-Mail Address	
Contact Fax Number	
Best Time to Contact	

Physician Practice Profile

The following information is required to create a physician practice profile in GeisingerConnect. The named physicians (including mid-level providers) will have their patients' data available to them via GeisingerConnect. (Continue on next page if additional space is needed)

Physician or Mid-Level Provider Names	Specialty	Geisinger Physician # (if known)

Yes No Do the physicians listed above share in the care (cross-cover) for patients seen in this physician practice? This information is needed to maintain patient confidentiality.

 Authorized Representative Printed Name After Filling Out Form, Print, Sign above and Fax or Mail Job Title

Fax to: 570-214-1527 or

Mail to: Geisinger Health System, Epic Web Applications Support Team 100 N Academy Ave Danville, PA 17822-6015

Revised: April 18, 2014

