

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL, SHOW ME HEALTHY WOMEN (SMHW)

SMHW NEW PROVIDER APPLICATION

WEB ADDRESS: www.health.mo.gov/showmehealthywomen

PROVIDER INFORMATION	<u> </u>												
NATIONAL PROVIDER IDENTIFICATION (NPI) #					FEDERAL TAX ID NUMBER								
AGENCY/DOING BUSINESS AS (DBA) NAME					STREET ADDRESS/PO BOX								
CITY				STA	TATE		ZIP CODE + 4 DIGITS		GITS	DAYS AI	ND HOURS OF OPERATION		
PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	ALTERNATE TELEPHONE N				UMBER FAX NUMBER								
MEDICAID PROVIDER?	MEDICARE PROVIDER?							ESTIMA	TED NUMBE	R OF SMI	HW CLIENTS SEEN ANNUALLY		
□YES □NO	□YES □NO				STREET ADDRESS/PO BOX								
CORPORATE/PARENT COMPANY NAME (IF DIFFERENT LISTED ABOVE)	THAN	AGEN	ICY/DBA NAN	ИE	STREE	ET AD	DRESS/P	О ВОХ					
CITY				STA	TE		ZIP CODE + 4 DIGITS		TELEPHONE NUMBER				
AGENCY NAME AND ADDRESS TO SEND CONTRACT D	OCUME	ENTS	(STREET, CI	TY, S	TATE, AI	ND ZII	 P + 4 DIG	TS)		<u> </u>			
SHOW ME HEALTHY WOMEN CONTACT IN	FORM	IATI	ON										
SMHW ADMINISTRATIVE CONTACT NAME	E-MAIL									TELEPHONE NUMBER			
SMHW CLINICAL CONTACT NAME	E-MAIL	E-MAIL ADDRESS									TELEPHONE NUMBER		
SMHW BILLING CONTACT NAME	E-MAIL ADDRESS								TELEPHONE NUMBER				
SMHW BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY						STATE		ZIP CODE		
WISEWOMAN CONTACT INFORMATION (IF	APPL	ICA	BLE)										
					-MAIL ADDRESS						TELEPHONE NUMBER		
WISEWOMAN CLINICAL CONTACT NAME E-MAIL ADDRES										TELEPHONE NUMBER			
WISEWOMAN LIFESTYLE EDUCATION (LSI) CONTACT NAME E-MAIL ADDR				S						TELEPHONE NUMBER			
WISEWOMAN BILLING CONTACT NAME E-MAIL ADDRES				3						TELEPHONE NUMBER			
SMHW BILLING ADDRESS (IF DIFFERENT FROM ABOVE) CITY			CITY		STA				STATE	1	ZIP CODE		
CYTOLOGY LAB													
LAB NAME AND STREET ADDRESS (LAB THAT READS PAP TESTS) CITY					STATE				STATE	ZIP CODE			

MO 580-2411 (11-18)

LIST MAMMOGRAPHY FACILITIES (IF APPI	LICAE	BLE)						
1. MAMMOGRAPHY FACILITY NAME AND STREET ADDRESS			CITY	STATE	ZIP CODE	ZIP CODE		PHONE NUMBER	
2 MAMMOCDARHY FACILITY NAME AND STR	EET ADDI	DECC	CITY		STATE	ZIP CODE	=	TELE	DUONE NUMBER
2. MAMMOGRAPHY FACILITY NAME AND STREET ADDRESS			CITT	SIAIE	ZIF CODE	-	TELEPHONE NUMBER		
3. MAMMOGRAPHY FACILITY NAME AND STREET ADDRESS			CITY	STATE	E ZIP CODE		TELER	PHONE NUMBER	
4. MAMMOGRAPHY FACILITY NAME AND STREET ADDRESS		CITY		STATE	TATE ZIP CODE		TELEF	PHONE NUMBER	
5. MAMMOGRAPHY FACILITY NAME AND STR	EET ADDF	RESS	CITY		STATE	ZIP CODE		TELER	PHONE NUMBER
6. MAMMOGRAPHY FACILITY NAME AND STR	EET ADDF	RESS	CITY	STATE	STATE ZIP CODE		TELEPHONE NUMI		
7. MAMMOGRAPHY FACILITY NAME AND STR	EET ADDF	RESS	CITY		STATE	ZIP CODE		TELER	PHONE NUMBER
LIST SATELLITE SITES (IF APPLICA				1			STATE		T
1. SATELLITE SITE NAME SATELLITE ST			REET ADDRESS	CITY					ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPER.	PHONE NUMBER FOR APPOIN	SATELLITE	SATELLITE CONTACT PERSON						
				CITY					
2. SATELLITE SITE NAME SATELLITE STF			REET ADDRESS		STATE			ZIP CODE	
SATELLITE SITE DAYS AND HOURS OF OPERATION TELEF		PHONE NUMBER FOR APPOIN	SATELLITE	CONTACT P	L ERSON				
				CITY					
3. SATELLITE SITE NAME SATELLITE STI			REET ADDRESS			STATE	Ē	ZIP CODE	
SATELLITE SITE DAYS AND HOURS OF OPERATION TELEF			PHONE NUMBER FOR APPOIN	SATELLITE	CONTACT P	L ERSON			
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4. SATELLITE SITE NAME SATELLITE STF			REET ADDRESS	CITY		\$			ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION TELEF			PHONE NUMBER FOR APPOIN	SATELLITE	SATELLITE CONTACT PERSON				
5. SATELLITE SITE NAME	SATELLI	TE STF	REET ADDRESS	CITY			STATE	Ē	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPER.	ATION	TELE	PHONE NUMBER FOR APPOIN	JTMENTS	SATELLITE	CONTACT P	FRSON		
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6. SATELLITE SITE NAME	SATELLI	TE STF	REET ADDRESS	CITY			STATE		ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPER.	ATION	TELE	PHONE NUMBER FOR APPOIN	QATELLITE	CONTACT	EDSON			
SALLELLE SHE DATS AND HOURS OF OPEK	ALION	ICLE	TIONE NOWIDER FUR APPUIN	SATELLITE	CONTACT P	LHOUN			

LIST SATELLITE SITES (CONTINUE	(D)									
7. SATELLITE SITE NAME	T	LITE STREET ADDRESS CITY							STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION TEL			EPHONE NUME	BER FOR APP	OINTME	NTS	TACT PI	ACT PERSON		
8. SATELLITE SITE NAME	. SATELLITE SITE NAME SATELLITE S					CITY			STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPER	ATION	TELE	EPHONE NUME	BER FOR APP	OINTME	NTS	SATELLITE CON	TACT PI	ERSON	
CLINICAL EXAMINERS/LICENSE IN	FORMA	OITA	V							
NAME (CLINICAL EXAMINERS PERFORMING SCREENING SERVICES)		тіт	CE PR	RTIFICATE N ACTITIONER	RE NO. AND/OR O. (IF A NURSE OF ANY TYPE, ENSE NUMBER)	PHYSICIANS LICENSE NUMBERS				
			□MD	□ DO □ NP	RN_			PA_		
			RN		NP_			DO _		
				☐ PA				MD		
					RN_					
			□ MD □ RN	□ DO □ NP □ PA						
					RN			1		
		☐ MD ☐ RN	□ DO □ NP							
				□ PA	_					
					RN					
		☐ MD ☐ RN	□ DO □ NP							
				□ PA						
					RN_					
			□ MD □ RN	□ DO □ NP				DO_		
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				☐ PA				MD_		
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			☐ MD ☐ RN							
								MD_		
					RN_					
			□ MD □ RN	□ DO □ NP	NP_					
		☐ PA				MD_				

CLINICAL EXAMINERS/	LICENSE INFORMATIO	N (CONTINU	JED)				
NAN (CLINICAL EXAMINE SCREENING	тіт	TLE	CI PI	RSE LICENSURE NO. AND/OR ERTIFICATE NO. (IF A NURSE RACTITIONER OF ANY TYPE, CLUDE RN LICENSE NUMBER)	PHYSICIANS LICENSE NUMBERS		
				RN_		PA	
		☐ MD ☐ RN	□ DO □ NP	NP			
			□PA	-			
				RN			
		☐ MD ☐ RN	□ DO □ NP				
			□PA				
			Про	RN_			
		☐ MD ☐ RN	□ DO □ NP	NP_			
			□PA			MD	
		Пмр		RN_			
		∐ MD □ RN	□ DO □ NP	NP_			
			□PA			MD	
		□MD	Про	RN_			
			□ DO □ NP	NP_			
			□PA			MD	
		□MD	□ро	RN_			
				NP_		DO	
			□PA			MD	
		□MD	□ро	RN_			
		RN	\square NP	NP_		DO	
			☐ PA			MD	
		□MD	□ро	RN_		PA	
		RN	\square NP	NP_		DO	
			☐ PA			MD	
		□MD		RN_		PA	
		□RN	\square NP	NP_		DO	
			□PA			MD	
I have reviewed the SMH and eligibility requirement signed. I certify to the bes	s and do hereby agree to	comply. I u	nderstand tl	nis app	olication will be returned it		
SIGNATURE						DATE	
	PEDOON 6:2:						
PRINTED NAME AND TITLE OF	PERSON SIGNING						
THIS SECTION FOR SM						_	
CONTRACT#	SITE CODE#		OFA	ABS#		FFATA/TRAC	KING#
DUNS#	VENDOR#		COL	JNTY NAI	ME	ORIGINAL START DATE	
REGIONAL PROGRAM COORDINATO	OR		LPHA	ΤΛΙ	CLINIC CHC	SECOND START DATE	