



New Practice Location Form

New Practice Information (Must be ADA compliant / handicap accessible)						
Practice Name:						
Address:						
City:		State:		Zip Code:		
Office Contact:						
Phone:				Practice Email (Mandatory):		
Effective Date of Change:						
Tax ID:						
Practice NPI:						
Pay To Location Address:						
Hours of Operation (Please specify hours)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PREFERRED MANUFACTURERS						
- Oticon	- Phonak	- Resound	- Signia	- Relate	- Beltone	- Starkey
- Unitron	- Widex	- Lyric				
Providers Practicing At New Location:						
Notes:						
Authorized by:				Date:		

Please submit this via email to
credentialing@uhchearing.com
 Or fax to 844-711-2908