



Enrollment Form – Nurse Practitioner as PCP

NP Name: _____

Currently SWH credentialed? yes no unknown

SWH ID # _____ n/a unknown

Supervising Physician Name: _____

(must be a SWH credentialed PCP)

Currently SWH credentialed? yes no unknown

SWH ID # _____ n/a unknown

NP's arrangements for admitting patients to hospital: _____

Panel will be:
_____ Accepting Patients
_____ Existing Patients

Languages spoken:

Name of Practice: _____ Phone: _____

Practice
Address: _____

NP Signature: _____ Date: _____

FAX completed form to 617-494-5599. Attn: Provider Relations
Or

Mail to: Senior Whole Health, 58 Charles Street, Cambridge, MA 02141