



NEW PRACTICE INTERESTED IN PARTICIPATION

Please provide the following information:

1. Practice Name _____
2. Provider(s) Names _____
3. Physical Address _____
4. Mailing Address _____
(if different from above)
5. Primary Specialty _____
6. Telephone # _____
7. Fax # _____
8. Practice Contact Name _____

Upon completion of the above information, please PRINT and mail to:

DirectNet
1333 2nd Street, NE-Suite 200
Hickory, NC 28601

Or fax to DirectNet at
(828) 485-4334

After receipt of the above information, a Letter of Agreement, including Fee Schedule for the applicable specialty and a Provider Information Datasheet will be forwarded to you for completion and return to DirectNet at the above address.

Upon your return of the signed Letter of Agreement, Information Datasheet and requested item(s) on datasheet, your request for participation will be processed and you will be notified in writing of your participation effective date with DirectNet.