



SATELLITE LOCATION(S) INFORMATION (Page 1 of 2)

Please provide the following information:

Practice Name _____

Address _____

Telephone # _____

Fax # _____

Administrator _____

Administrator Email _____

Please complete A, B, or C below, as needed to provide necessary information:

A. Satellite Location ADDITION(s)

1. Satellite Location Name _____

2. Physical address _____
(Street, City, State, Zip) _____

3. Mailing address _____
(if different from above) _____

4. Billing address _____
(if different from above) _____

5. Telephone # _____

6. Fax # _____

7. Satellite Administrator _____

8. Satellite Administrator Email _____

9. List providers practicing at this location: _____

B. Satellite Location TERMINATION(s)

1. Satellite Location Name _____

2. Physical Address _____

3. Effective Date of Term _____

4. List providers practicing at this location: _____

Once completed, please mail to:
DirectNet
1333 2nd St., NE-Suite 200, Hickory, NC 28601

Or fax to DirectNet at:

(828) 485-4334

SATELLITE LOCATION(S) INFORMATION (Page 2 of 2)

C. Satellite Location Change of Demographic Information

Please complete only the items pertaining to the change, indicating the CURRENT information on the FIRST LINE and NEW information on the SECOND LINE:

- | | | |
|----------------------------|------|--|
| 1. Satellite Location Name | OLD: | |
| | NEW: | |
- | | | |
|---------------------|------|--|
| 2. Physical address | OLD: | |
| | NEW: | |
- | | | |
|--------------------|------|--|
| 3. Mailing address | OLD: | |
| | NEW: | |
- | | | |
|--------------------|------|--|
| 4. Billing address | OLD: | |
| | NEW: | |
- | | | |
|----------------|------|--|
| 5. Telephone # | OLD: | |
| | NEW: | |
- | | | |
|----------|------|--|
| 6. Fax # | OLD: | |
| | NEW: | |
- | | | |
|----------------------------|------|--|
| 7. Satellite Administrator | OLD: | |
| | NEW: | |
- | | | |
|----------------------------|------|--|
| 8. Satellite Administrator | OLD: | |
| Email | NEW: | |
- 9. Providers practicing at this location: _____

- 10. Any other change of information not listed above:
