



Practice Credentialing Interview

This document should be completed once for each practice. In it is not necessary to complete this document for each provider. A current copy of your state business license should be forwarded with this document.

Practice Name: _____

Names of all Audiologists at this practice: _____

Names of all Hearing Aid Dealers (do not include audiologists): _____

Languages Spoken: _____

Corporate/Franchise Affiliation: _____

Site NPI Number (required) : _____ -

Primary Location (All correspondence and reimbursement will be sent to this location unless specified):

Address: _____

Telephone: _____ Fax: _____ County: _____

Days and hours of operation: _____

Names of Audiologists that will be seeing patients at this site: _____

Please circle the populations this site services: Pediatric Adult Geriatric

Is the practice ADA accessible? Y / N Is an infection control plan in place? Y / N

Please circle the services performed at this location:

Basic Diagnostic Testing

Hearing Aid Dispensing

Additional Location:

Address: _____

Telephone: _____ Fax: _____ County: _____

Days and hours of operation: _____

Names of Audiologists that will be seeing patients at this site: _____

Please circle the populations your site services: Pediatric Adult Geriatric

Is this site ADA accessible? Y / N Is an infection control plan in place? Y / N

Should reimbursements for this site be forwarded to your primary location? Y / N

Should correspondence be sent to this site in addition to your primary location? Y / N

Additional Location:

Address: _____

Telephone: _____ Fax: _____ County: _____

Days and hours of operation: _____

Names of Audiologists that will be seeing patients at this site: _____

Please circle the populations your site services: Pediatric Adult Geriatric

Is this site ADA accessible? Y / N Is an infection control plan in place? Y / N

Should reimbursements for this site be forwarded to your primary location? Y / N

Should correspondence be sent to this site in addition to your primary location? Y / N

Interview Completed by: _____ Date: _____

Please forward completed Interview with attachments to:

**HearPO Credentialing
5000 Cheshire Lane North
Plymouth, MN 55446
763-496-0259-fax**