

PROVIDER TYPE PROFILE

PROVIDER TYPE	09	NURSE-MIDWIFE (CNM)
REIMBURSEMENT TYPE	02	FEE FOR SERVICE EFFECTIVE 10-01-87

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	01 MEDICINE	BOARD OF NURSING
MANDATORY		
MANDATORY		
OPTIONAL	02 SURGERY	
OPTIONAL	08 EPSDT	
OPTIONAL	09 PHARMACY	DRUG ENFORCEMENT AGENCY
OPTIONAL	12 PATHOLOGY AND LAB	
OPTIONAL	13 RADIOLOGY	
OPTIONAL	30 Home Health Nurse Service	Effective 01-01-06
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		

SPECIAL INSTRUCTIONS: I _____ am the sponsoring physician
(Doctor's Name)

verifying established protocols between _____ and myself for the management of patients, including high-risk patients.

(Signature)

(Date)

SPECIAL INSTRUCTIONS: The American Society For Coloscopy and Cervical Pathlogy required for some 59000 series surgical codes and certification as a Surgical First Assistant required for some 56000 and 57000 OB/Delivery and Cesarean codes.