



Mass Advantage requires information about your facility/organization to fully evaluate your application to become a participating provider and join our network.

Please submit completed form to Mass Advantage Provider Relations via email at [Provider.Relations@massadvantage.com](mailto:Provider.Relations@massadvantage.com). If you have any questions on completing the form, please reach out to Provider Relations at the above noted email address.

**Date:**

Facility/Organization Specialty (please check all that apply)		
<input type="checkbox"/> Acute Rehabilitation Facility	<input type="checkbox"/> Home Care	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Home Infusion	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Laboratory/Genetics	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Skilled Nursing Facility	
<input type="checkbox"/> DME	<input type="checkbox"/> Sleep Laboratory	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Radiology/Diagnostic Imaging Facility: <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> Ultrasound	

Facility/Organization Information	
<b>Physical Location (Address where services are rendered, if applicable):</b> (If you have additional physical locations, please attach a separate list including address, phone number, contact name, TIN, and NPI for each location)	
<b>Tax ID:</b>	
<b>Facility Name:</b>	
<b>Facility Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Email Address:</b>	
<b>Website Address:</b>	

Primary contact name, telephone number, and email address

**Please include list of provider names and their NPIs on the following page.**

