Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Facility
Provider Information Form (PIF)

Once you have completed this entire form please email it to: SWHPEXPEDITES@BSWHealth.org. If a field is not applicable please put N/A.

DATE: _____

FACILITY INFORMATION		
Legal Name:		
DBA (*if applicable*):		
Billing Tax ID:	Facility NPI:	
Primary Specialty:	Secondary Specialty (ONLY if want listed in directory):	
Primary Taxonomy #:	Secondary Taxonomy #:	
TPI/Medicaid #:	License #:	Medicare #:
Insurance Amounts: Per Occurrence: $	Per Aggregate: $	

CREDENTIALING ADDRESS (It is assumed this is the same for all providers in your group)		
Contact Name:	Email:	
Credentialing Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	

PRIMARY PRACTICE LOCATION		
Contact Name:	Email:	
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	

BILLING ADDRESS (It is assumed this is the same for all providers in your group)		
Billing Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	

MAILING ADDRESS (It is assumed this is the same for all providers in your group)		
Is your Mailing Address the same as your *Primary Address*? Yes ❑ No ❑ If not, please list it below.		
Contact Name:		
Mailing Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	

ADDITIONAL SERVICE LOCATIONS (*If you need to list additional locations, please make a copy of this page.*)		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	
Alternate Address Information		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	
Alternate Address Information		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	
Alternate Address Information		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	
Alternate Address Information		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	
Alternate Address Information		
Street Address:		
City:	State:	Zip + 4 Digits:
Phone #:	Fax #:	
TPI/Medicaid #:	NPI #:	