|  |  |  |  |
| --- | --- | --- | --- |
| Please Include the Additional Practitioner List with the ATC Form  |  | Phone Number: |       |
| Legal Entity Name:       |  | Date Submitted: |       |
| Federal Tax ID:       | Internal Use ONLY |
|  | SSN | NPI | Practitioner’s Name | Gender | Title or Degree | Date of Birth | License Number | License State | DEA Number | DEA State | Accepting New Patients? | Directory Suppress? | Practice Type | Cred Validation |
| 1 |       |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |       |
| 2 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 3 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 4 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 5 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 6 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 7 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 8 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 9 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 10 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 11 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 12 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 13 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 14 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 15 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 16 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 17 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 18 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 19 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 20 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 21 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 22 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 23 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 24 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
|  | **SSN** | **NPI** | **Practitioner’s Name** | **Gender** | **Title or Degree** | **Date of Birth** | **License Number** | **License State** | **DEA Number** | DEA State | Accepting New Patients? | Directory Suppress? | **Practice Type** | **Cred Validation** |
| 25 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 26 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 27 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 28 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 29 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 30 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 31 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 32 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 33 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 34 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 35 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 36 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 37 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 38 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 39 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 40 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 41 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 42 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 43 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 45 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 46 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 47 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 48 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 49 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |
| 50 |  |       |       |       |       |       |       |       |        |       | Select One | Select One | Select One |  |

E-mail the completed form, along with the ATC form to MedicaDemoFormSubmis@medica.com.