



Physician Extender Agreement Registration Form

Use this form to register supervision/collaboration agreement between a nurse practitioner or physician assistant and a participating physician.

Complete the form and fax it and the attachments requested to 716-857-4578.
Or mail the material to Provider Relations, 205 Park Club Lane, Buffalo, NY 14221-5239.

N.P. / P.A. Information			
N.P./P.A. Name:		Certification: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant	
Phone:	Physician Extender NPI Number:	Date of Birth:	Sex: M or F
Mailing Address:			
License Number: <i>If this is the first time this N.P./P.A. has registered a collaborating/supervising agreement with Univera, please attach a photocopy of his/her signed professional license.</i>		Degree:	
Graduate School Attended:		Graduation Date:	
Collaborating/Supervising Physician Information			
Physician Name:		Specialty:	
Location Address:		NPI Number:	
Holder of Malpractice Insurance: <input type="checkbox"/> N.P./P.A. <input type="checkbox"/> M.D. <input type="checkbox"/> Other: _____ <i>To register collaborating/supervising agreements with additional physicians, attach a separate sheet which includes, for every physician listed, The information specified above and the attachments marked with an asterisk (*) below.</i>			
Attachments			
Please attach the following photocopies to this form: <ul style="list-style-type: none">▪ The NP/PS's signed professional license▪ Proof of malpractice insurance coverage (\$1,000,000 per occurrence and \$3,000,000 in the aggregate)*▪ A written statement from the collaborating/supervising physician, affirming that he/she is the collaborating/supervising physician with the N.P./P.A. and that the appropriate agreement with that N.P./P.A. is in place*▪ W9 Form			
Signature			
Signature of N.P. or P.A.		Today's Date:	