

Provider Directory Attestation

I attest I have reviewed my, or my Provider Group's, information on HPSJ's Provider Directory for accuracy and attest the information is correct and accurate*.

** If any updates need to be made, do not use this form. Download and make changes using the [Roster Template HPSJ 20211222-1.xlsx \(live.com\)](#), which includes its own attestation.*

Email completed form to: providernetworks.verification@hpsj.com

Name of person completing form:

Date:

Title:

Phone Number:

Email:

Provider Name:

Group, Hospital, Facility, Clinic,

ECM/CS Name:

Provider Tax ID:

Group Tax ID:

Provider NPI:

Group NPI:

Practice Address:

City:

State:

Zip Code:

Provider/Group Web Address:

FOR SKILLED NURSING/LONG TERM CARE FACILITIES ONLY:

Medical Director Name:

Phone Number:

Email: