

# SOUTH GEORGIA PHYSICIAN NETWORK, LLC (SGPN)

## Independent Physicians Association

IMPACT Management Services 2866 Johnson Ferry Road, Suite 200 Marietta, Georgia 30062

Voice: 800-252-9094 Fax: 770-518-4408

### REQUEST FOR MEMBERSHIP APPLICATION

Prospective Member Information	
Prospective Member's CAQH ID	
Prospective Member's Last Name	
Prospective Member's First Name & Middle Initial	
Prospective Member's Specialty	
Prospective Member's Mobile Number (Kept Confidential – only used by ACO for communication)	
Prospective Member's E-mail Address (Kept Confidential – only used by ACO for communication)	
Prospective Member Practice Information	
Group/Practice Name	
Practice Tax ID (Attach W9)	
# of Midlevels @ Practice	
Affiliated Tax IDs (Merged or Acquired within last 5 years?)	
If applicable, list other physicians at practice that bill under the same Tax ID.	
Group/Organization NPI #	
Prospective Member Manager's Information	
Practice Manager's Name	
Practice Manager's Phone #	
Practice Manager's Email	
Preferred Communication Method (Email, Text, Fax, Phone Call)	

I hereby authorize the organization above to access my CAQH record for purposes of reviewing my application for potential membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return IPA request for membership application and practice W9 by email to [mschwei@impactmed.com](mailto:mschwei@impactmed.com) or by fax to 770-518-4408.**