



MI MARANATHA HOME HEALTH

DOCTOR'S INFORMATION

Physician's Name: _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

UPIN Number: _____ Physician Medicaid #: _____

Phone Number: _____ Ext: _____

Fax Number: _____ Email: _____

Contact Person: _____

Contact Person Phone Number: _____