

**PRIMARY CARE PHYSICIAN**

**BACK-UP PHYSICIAN  
INFORMATION FORM**

**PRIMARY CARE PHYSICIAN'S  
HIGHMARK WV PROVIDER OF SERVICE** \_\_\_\_\_

**PRIMARY CARE PHYSICIAN'S  
INDIVIDUAL NPI NUMBER** \_\_\_\_\_

**PRIMARY CARE PHYSICIAN'S  
TELEPHONE NUMBER** \_\_\_\_\_

**PRIMARY CARE  
PHYSICIAN'S NAME** \_\_\_\_\_

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**BACK-UP PHYSICIAN'S NAME** \_\_\_\_\_

**BACK-UP PHYSICIAN'S  
HIGHMARK WV PROVIDER OF SERVICE NUMBER** \_\_\_\_\_

**BACK-UP PHYSICIAN'S  
INDIVIDUAL NPI NUMBER** \_\_\_\_\_

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**DATE PROVIDER BECAME ACTIVE AS BACK-UP FOR THE PCP** \_\_\_\_\_

**DATE PROVIDER BECAME \*INACTIVE AS BACK-UP FOR THE PCP** \_\_\_\_\_

\*Please notify the Provider Information Management Department at 1-800-798-7768 of any changes regarding the Back-Up Physician.

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PRIMARY CARE PHYSICIAN AGREEMENT.