St. Luke's Health Partners

BRIGHT PATH

Request for Contracting - Groups

Today's Date:

Practice Information

Clinic Name	Address: Street, City, State & Zip	
Entity Legal Name	Phone Number	Fax Number
Tax ID	Website	
Credentialing Contact	Credentialing Contact Email Address	

Provider Information

Provider Name	NPI	Facility Based (Y/N)	Specialty

Completed By (Required)

Completed By	email
Title	Phone

Once completed, submit to SLHealthPartners@slhs.org. A Provider Relations Representative will contact you to initiate the contracting process.