

NEXT LEVEL URGENT CARE PREFERRED PHYSICIAN PROGRAM APPLICATION

BASIC PRACTICE INFORMATION

Name:

Street:

Type of practice:

City:

State:

ZIP Code:

Phone:

Website:

STAFF INFORMATION

PHYSICIANS

Name:

Specialization:

Years of practice:

Board certifications:

OTHER STAFF

Nurse practitioners, physician's assistants, etc.:

ADDITIONAL PRACTICE INFORMATION

PRACTICE CAPACITY

Are you accepting new patients?

Do you typically have same-day and next-day appointments available?

What is the average appointment wait time?

How many practice locations do you have?

INSURANCE AND PAYMENT OPTIONS

Do you accept all major insurance plans?

Do you offer discounted/cash pricing for those uninsured?

Do you offer payment plans?