



CATCH
Volunteer Physician Information
FAX to: 217-726-5403

Name: _____ **Specialty:** _____

Practice or Group Name: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Nurse/PA: _____ **Phone:** (direct line) _____

Business or Claims Mgr. : _____ **Phone:** (direct line) _____

Number of charity patients you are willing to see per year: _____

Hospital Privileges (where?): _____

Other facilities where you perform procedures: _____

Medical License Number: _____ **DEA #** _____

Foreign Languages spoken in your office: _____

Additional comments: _____

Before referring patients, we will provide you and your staff with an orientation packet that will be mailed to your office from CATCH.

Please fax this form to:

Michele Tucker, Development Director, CATCH
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Springfield, Illinois 62702
Phone: 217-726-5106; Fax: 217-726-5403
e-mail: Mtucker@scmsdocs.info