Practice Registration

Registering with ExpressCare is easy and provides your practice with the following benefits:

- We can refer patients to your practice based on the preferences you provide.
- We will be able to email or fax the clinical record for your patient's visit to you whenever they are evaluated at any ExpressCare location.

To register, please print this form, complete it, and fax it to us at (973)-740-9895.

_____ _____ _____
(Provider's Last Name) (Provider's First Name) (MI)

_____ _____
(Professional Title) (Type of Practice or Specialty: e.g. Pediatrics, Asthma)

_____
(Name of your Practice)

_____ _____
(Street Address) (City)

_____ _____ _____
(State) (Zip Code) (Office e-mail address)

(_____) _____ - _____ (_____) _____ - _____ .
(Office Phone #) (Office Fax #)

Key Office Contact Name: _____, _____
(Last Name) (First Name)

This Practice accepts referrals for the below-listed demographic categories:

___ Pediatrics (under age of 18) ___ Adults (age 18 - 62)

___ Seniors (62+)

My office is currently accepting the following insurances:

___ Medicare ___ Medicaid ____ Horizon ___ Aetna ___ Oxford____

___ Managed Medicare Plans ____ Managed Medicaid Plans,

Others - _____, _____, _____

My office offers translation services/staff for the following languages:

____ Spanish ____ Polish ___ Russian ___ German ___ Arabic