

Compass Provider Request

Provider Name

(Business Name)

Address:

Address 2:

P.O.B#:

City:

State:

ZIP:

Phone:

FAX:

Provider Type: Arranged Provider Medical Provider Pharmacy DME Provider

Credentials: MD DO DDS DPM NP PA DC

(Medical Providers Only) OD PHD Other:

Specialty:

(Medical Providers Only)

- | | | |
|---|--|---|
| <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Gynecologist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Hematologist | <input type="checkbox"/> Proctologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Nephrologist | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Referring Physician |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Oncologist | <input type="checkbox"/> Rehab & Physical Therapy |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Surgeon |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Orthopedist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Physiatrist | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Plastic Surgeon | <input type="checkbox"/> Other: |

Counties Served:

- | | | | | |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alger | <input type="checkbox"/> Delta | <input type="checkbox"/> Houghton | <input type="checkbox"/> Luce | <input type="checkbox"/> Menominee |
| <input type="checkbox"/> Baraga | <input type="checkbox"/> Dickinson | <input type="checkbox"/> Iron | <input type="checkbox"/> Mackinac | <input type="checkbox"/> Ontonagon |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Gogebic | <input type="checkbox"/> Keweenaw | <input type="checkbox"/> Marquette | <input type="checkbox"/> Schoolcraft |

Services Provided:

- | | |
|--|--|
| <input type="checkbox"/> Community-based food assistance | <input type="checkbox"/> Other Physician |
| <input type="checkbox"/> Disease-specific support or advocacy | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Faith/religion based services and supports | <input type="checkbox"/> Physical therapy services |
| <input type="checkbox"/> Hearing services and supports | <input type="checkbox"/> Prescription assistance services |
| <input type="checkbox"/> Health insurance or benefit assistance services (i.e. MMAP) | <input type="checkbox"/> Primary Physician |
| <input type="checkbox"/> Home health aide services | <input type="checkbox"/> Services and supports for older adults |
| <input type="checkbox"/> Hospice services and supports | <input type="checkbox"/> Services and supports for persons with visual impairment |
| <input type="checkbox"/> Housing assistance, services, or supports | <input type="checkbox"/> Skilled Care |
| <input type="checkbox"/> Incontinence supplies | <input type="checkbox"/> Skilled nursing services |
| <input type="checkbox"/> Independent Living Services | <input type="checkbox"/> Social worker services |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Speech language pathology therapy services |
| <input type="checkbox"/> Low cost or free community based services | <input type="checkbox"/> State Emergency Relief services |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) services |
| <input type="checkbox"/> Non-emergency medical transportation | <input type="checkbox"/> Tribal services |
| <input type="checkbox"/> Occupational therapy services | <input type="checkbox"/> Veterans supports and services |
| <input type="checkbox"/> Other | <input type="checkbox"/> Vision Services |