

Doctor

AlaMed, Inc.

P.O. Box 59307, Birmingham, Alabama 35259
Phone: 205/424-3888 Fax: 205/424-0018
E-mail: alamed@bellsouth.net

Provider Fact Sheet

Provider's Name: Alabama Orthopaedic Surgical Specialists, PC

Name of Group or Corporation, if applicable: Orthopaedic Sports Medicine Clinic of Alabama PC

Telephone Number: (205) 822-9555 Fax Number: (205) 822-4733

Physical Address: 200 Montgomery Hwy, Ste 200
City, State, Zip: Birmingham, AL 35206
County: Jefferson

Billing Address: (if different from above) _____
City, State, Zip _____
Billing contact: _____

Contact Person: Mike Piver Contact Title: Administrator

Practice Hours: 8:00am - 5:30pm M-F Physician's Specialty: Orthopaedics

Are you Board Certified? Yes No Board Eligible? _____

Admitting Privileges in what hospital(s)? Dreadnaught Medical Center, Healthbuty

Tax I.D. Number or Social Security Number 20-0483067

Universal Medicare Number _____

Status of any legal judgments: _____

AlaMed, Inc. will maintain a file of each participating physicians credentials. In order to do so, please attach the following documents:

- Copy of current license, registration or certificate
- Copy of current Board Certificate or eligibility
- Copy of current malpractice insurance policy (minimum requirement-one million single occurrence, three million aggregate)
- Copy of curriculum vitae
- Copy of the W-9 form that matches the company name

This documentation will need to be updated annually.

RELEASE OF INFORMATION

I hereby authorize AlaMed, Inc. to collect verification of the above-noted credentials and insurance information on my behalf.

Signature _____

Date _____