



**Kaiser Permanente Northern California  
Provider Profile Information Form (PPIF)**

**IMPORTANT:** This is not an application form to join Kaiser. For the highest compatibility with Mac and PC, please use **Adobe Acrobat Reader** to complete this form. Various issues have been encountered while using other browser or PDF viewing programs.

Please Select One:

- New Contractor Setup:** Follow instructions from your assigned Contract Manager. Complete Sections 2-8 and applicable Care Location or Practitioner's Sections.
- Existing Contractor Update:** Complete Sections 1-3 and all other applicable sections needing change. Email [TPMG-MSC-ProvSvcs@kp.org](mailto:TPMG-MSC-ProvSvcs@kp.org) or fax to (510) 987-4138.

<b>Section 1 Request Type</b>	i	Legal Entity and Business Updates (Section 2-3):	Contact Updates (Section 4-8):	Roster Updates:	Other, Specify Below:
		<input type="checkbox"/> Contractor Entity <input type="checkbox"/> Billing Provider	<input type="checkbox"/> Contract Notice Party / Recipient <input type="checkbox"/> Business Contact <input type="checkbox"/> Contract Signatory <input type="checkbox"/> Credentialing Contact	<input type="checkbox"/> Place of Service Changes(s) <input type="checkbox"/> Practitioner Change(s)	
Summarize Changes, Comments:					Effective Date of change:

<b>Section 2 Contractor Entity</b>	Legal Name of Entity:	Legal Entity TIN:	Entity TIN Type: <input type="checkbox"/> EIN <input type="checkbox"/> SSN
	New set up and changes require W9 attachment.		
	1099 Corporate Address: (as filed with IRS / W9) <input type="checkbox"/> Exclude from KP Directory		
	Legal Entity Description: <input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:		State:
Any other legal entities to be included in this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, separate forms are needed for each.			

<b>Section 3 Billing Provider</b>	Doing Business As (DBA):	Billing NPI:
	New set up and changes require W9 attachment.	
	Pay-To Address:	
	Do you bill with multiple NPIs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Billing contact:	Title:
	Email:	Phone:

Does your organization have Practitioners or Locations excluded from treating Medicare, Medi-Cal, and/or Federal Employees, or on any State or Federal Exclusion, Preclusion, Sanction or Opt-Out Lists? (If yes, submit separate sheet with Practitioners or Locations)  Yes  No

Please complete Section 4 with the appropriate contact information and the remaining Sections 5-8 if contacts are different.

<b>Section 4 Contract Notice Party</b>	i	Name:	Title:
	Address:		
	Phone:	Fax:	Email:
	Also applies to: <input type="checkbox"/> Contract Recipient <input type="checkbox"/> Business Contact <input type="checkbox"/> Contract Signatory <input type="checkbox"/> Credentialing Contact <input type="checkbox"/> Other:		

<b>Section 5 Contract Recipient</b>	i	Name:	Title:
	Address:		
	Phone:	Fax:	Email:
	Also applies to: <input type="checkbox"/> Business Contact <input type="checkbox"/> Contract Signatory <input type="checkbox"/> Credentialing Contact <input type="checkbox"/> Other:		

<b>Section 6 Business Contact</b>	i	Name:	Title:
	Address:		
	Phone:	Fax:	Email:
	Also applies to: <input type="checkbox"/> Contract Signatory <input type="checkbox"/> Credentialing Contact <input type="checkbox"/> Other:		

<b>Section 7 Contract Signatory</b>	i	Name:	Title:
	Email:		

<b>Section 8 Credentialing Contact</b>	i	Name:	Title:
	Phone:	Fax:	Email:

Submitter Name:	Email:	Date:
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This page is for **Professional services** only.  
For **Facility services**, please complete page 3.

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**Professional Care Locations (PCL) ⓘ**

<b>PCL1</b>	Location Name (DBA):	Location NPI:	Phone (for Patient Appts):	Fax (for KP Referrals):
	Physical Address: <input type="checkbox"/> Exclude from KP Directory	Location Type:		Service Type:
<b>PCL2</b>	Location Name (DBA):	Location NPI:	Phone (for Patient Appts):	Fax (for KP Referrals):
	Physical Address: <input type="checkbox"/> Exclude from KP Directory	Location Type:		Service Type:
<b>PCL3</b>	Location Name (DBA):	Location NPI:	Phone (for Patient Appts):	Fax (for KP Referrals):
	Physical Address: <input type="checkbox"/> Exclude from KP Directory	Location Type:		Service Type:

**Practitioners ⓘ**

<input type="checkbox"/> PCL1	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing): ⓘ	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	
<input type="checkbox"/> PCL2	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing):	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	
<input type="checkbox"/> PCL3	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing):	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	
<input type="checkbox"/> PCL1	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing):	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	
<input type="checkbox"/> PCL2	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing):	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	
<input type="checkbox"/> PCL3	Last Name:	First Name:	Practitioner's NPI:	Personal Email Address (for credentialing):	
	* License Type:	CA License #:	CAQH ID Number:	Personal Phone # (for credentialing):	Service Type:
	Specialty:	Patient Ages Served (select applicable): <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		Languages Spoken:	

For all contracts that include Professional Services, list all the following types of practitioners: MD, DO, DDS, DMD, DPM, LCSW, MFT, OD, CRNA, RN-Midwife, RN-Nurse Practitioner, Clinical Psychologist, Physician's Assistant and Acupuncturist, unless otherwise directed. Do not list technicians, aides or other RNs not identified above. Personal email addresses and phone numbers will be used solely for business purposes related to contracting and credentialing activities. **Please do not use duplicate email address and phone number for each practitioner.**



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Facility Care Locations (FCL) ⓘ

<b>FCL1</b>	Location Name (DBA):	Location NPI:	Location Phone Number:	Fax (for KP Referrals):
	Physical Address:	County / Zip Code:	CA License # of Location:	Location Type:
<b>FCL2</b>	Location Name (DBA):	Location NPI:	Location Phone Number:	Fax (for KP Referrals):
	Physical Address:	County / Zip Code:	CA License # of Location:	Location Type:
<b>FCL3</b>	Location Name (DBA):	Location NPI:	Location Phone Number:	Fax (for KP Referrals):
	Physical Address:	County / Zip Code:	CA License # of Location:	Location Type:
<b>FCL4</b>	Location Name (DBA):	Location NPI:	Location Phone Number:	Fax (for KP Referrals):
	Physical Address:	County / Zip Code:	CA License # of Location:	Location Type:
<b>FCL5</b>	Location Name (DBA):	Location NPI:	Location Phone Number:	Fax (for KP Referrals):
	Physical Address:	County / Zip Code:	CA License # of Location:	Location Type:

Re: California Consumer Privacy Act - Notice to Covered Individuals; Effective Date - January 1, 2020

The California legislature has adopted various laws to safeguard Californians' privacy, the latest of which is the California Consumer Privacy Act of 2018 (the "CCPA") The CCPA was enacted to give consumers certain rights with respect to their personal information collected by businesses, including the right to know what personal information is being collected about them.

The context of an employment or contractor relationship, the CCPA requires a business to inform Covered Individuals of the categories of personal information collected and the purposes for which those categories of personal information are used. For purposes of the CCPA, a "Covered Individual" is natural person who is acting as a job applicant to, an employee of, owner of, director of, officer of, medical staff member of, or contractor of a business ("Covered Individual"). Covered individuals do not include corporations, business trusts, partnerships, limited liability companies, associations, or other such entities (e.g., a group medical practice), or individuals who provide services to a business on behalf of such entities.

The Permanente Medical Group, Inc. ("TPMG") is committed to protecting the privacy of all of its Covered individuals and to complying with all privacy laws. As a result, this CCPA Notice to Covered Individuals (the "CCPA Notice") is being provided to you to inform you of the categories of personal information TPMG may collect and the purposes for which TPMG collects that information.

If you have received the CCPA Notice but do not meet the above-noted definition of a Covered individual (e.g., you are not a natural person within the meaning of the CCPA), please disregard this Notice. Rest assured, however, that TPMG remains committed to compliance with all applicable privacy laws, irrespective of whether a contracting entity is a Covered Individual for purposes of the CCPA.

Categories of Personal Information Collected - The relevant categories of personal information TPMG may collect in the context of a contracting relationship includes:

- Identifiers such as real name, alias, postal address, unique personal identifier (e.g., California clinical license number, National Provider Identification number, and Federal Tax Identification Numbers), internet protocol (IP) address, email address, or other similar identifiers.
- Records such as signature, physical service address, telephone number, bank routing and account numbers, or any other financial information, excluding all publicly available information lawfully made available to the general public from federal, state, or local government records.
- Education information such as license type

Purposes of Use - TPMG may use the above categories of personal information for contracting-related functions, including the following: communications; contract development, execution and administration; claim payment; claim payment dispute resolution; electronic data interchange (EDI); electronic funds transmission (EFT); electronic remittance advice (ERA) transmission; taxes; demographic analysis; provider directory production; etc.