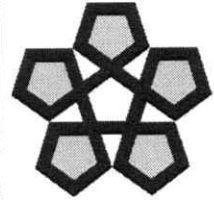


AlaMed



Workers' Compensation Medical Care Network

P.O. Box 59307 Birmingham, AL 35259 Phone: 205.451.1747 Fax: 205.451.1749

Provider Fact Sheet

Please complete one Provider Fact Sheet for Each Provider in the Group

- 1. Provider's Name:** Justin Cooke
- 2. Physical Group/Practice Name to Appear in Directory**
Community Urgent Care of Fuldaedale, Inc
- 3. Physician's Specialty**
Which specialty(s) would you like to be listed in the provider directory?
Family Medicine
- 4. Treating Address**
Street Address: 3477 Lowery Parkway Suite 137
City, State, Zip: Fuldaedale, AL 35068
County: Jefferson
Phone Number: 205-379-6040 Fax Number: 205-379-6039
- 5. Medical Education**
School Name: Saba University School of Medicine
Address: PO Box 1000
City, State, Zip: The Bottom, Saba
Degree: MD Date of Graduation: 2007
- 6. Licensure (Present)**
AL 05/25/16 12/31/20 MD.35/25
State or Province Date Issued MM/DD/YY Date Expires MM/DD/YY State license No.
- 7. License Status:** Active License Type: MD
- 8. Has your license to practice your profession in any jurisdiction ever been suspended or revoked?**
Yes: _____ If yes, please give full details on separate sheet. No: ✓
- 9. UPIN Number:** _____
- 10. NPI Number:** 1285820936

11. Contact information

Phone Number: 205-379-6047 Fax Number: 205-379-6039
Website: _____ Contact Person: Misty Petersen
E-mail Address: misty@communityurgentcare.org Title: Office Manager

12. Billing Address (if different from above)

Street Address: 3477 Lowery Parkway Suite 137
City, State, Zip: Fulfordale, AL 35068
Billing Contact: Misty Petersen
Phone Number: 205-379-6047

13. Workers' Compensation/Occupational Medicine Coordinator

Name: _____
E-mail address: _____
Phone Number: _____
Practice Hours: _____

14. Is Provider Board Certified? Yes: No: **Is Provider Board Eligible?** Yes: No:

15. Hospital Admitting Privileges

With what hospital(s) does the provider currently have admitting privileges?

Princeton Baptist Medical Center

16. Group Tax I.D. Number: 831826039
17. Group NPI Number: 1235604232
18. Universal Medicare Number: _____

19. Status of any legal judgments: _____

AlaMed Holdings, Inc. will maintain a file of each participating provider's 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: \$1,000,000 single occurrence, \$3,000,000 aggregate
- Copy of curriculum vitae
- Copy of the W-9 form that matches the facility name and Tax ID number

This documentation will need to be updated every year!

I represent that information provided in or attached to this application is accurate. I understand that a condition of this application is that any misrepresentation, misstatement, or omission from this application --whether intentional or not-- is cause for automatic and immediate rejection of this application and may result in the denial of panel appointment in the network. Upon subsequent discovery of such misrepresentation, misstatement, or omission, AlaMed Holdings, Inc., may have cause to terminate my panel appointment in the network.

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

Misty Petersen
Signature

8/6/2020
Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Community Urgent Care of Fultondale, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3477 Lowery Parkway, Suite 137

6 City, state, and ZIP code
Fultondale, AL 35068

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

8	3	-	1	8	2	6	0	3	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Misty Petersen* Date ▶ *08/06/2020*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



3477 Lowery Parkway, Suite 137

Fultondale, AL 35068

205-379-6040 Phone

205-379-6039 Fax