Shared Contact □□□□ □□□□

Shared Contact □ □□□□□□□□, □□□□□□□□□□□□, □□□□□□□□□□, □□□□□□□□□, □□□□□□□□□ □□□□□□□□ □□□□ □□□□□□□□□ □□□□□□□□□□□□□ □□□□□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□

□□ □□□□ □□□□□□□□□□□□□□□□ ***Shared Contact*** □□□□□□□□□□□□□□□□□□□□ □□□□□ □□□□, □□□□□ **Shared Contact** □□□□□ □□□□□, □□□□□□ □□□□□ □□□□ □□□□□□□□□□□□ □□□□□ □□□□□□□

Shared Contact □□□□□ □□□□□

1. **Admin** □□□□□□□ **Shared Contact** □□□□□□□ □□□□□ **New** □□□□□□□ □□□□□□ □□□□□□

2. **Shared Contact** □□□□, □□□□□□, □□□□□ □□□, □□□ □□□, □□□□□□□□□□□□ □□□, □□□□□□□□, □□□□, □□□□□□, □□□□ □□□□□ □□□ □□□□□□□□ □□□□□□□/ □□□□□□□ □□□□ □□□□□

Note: □□□ □□□□□ **(*)** □□□□□□□ □□□□□□□ □□□□□□ □□□□ □□□□□

Shared Contact Active

Title	Physiotherapist	First Name	Dr. Jhon
Middle Name		Last Name	Paul
Organization Name	Demo Hospital Phillipines	NPI Number	
* Type	Hospital		
Specialty	Physical Medicine & Rehal		

Primary Address

Attention or in care of	Lia Patricia		
Address	123 Street (Street 1)		(Street 2)
	Manila (City)	State (State)	01234 (Zip Code)
	Philippines (Country)		
Primary Phone	0112423597	Secondary Phone	
Additional Phone		Fax	
Email	jhon.paul@demomail.com	Web Address	

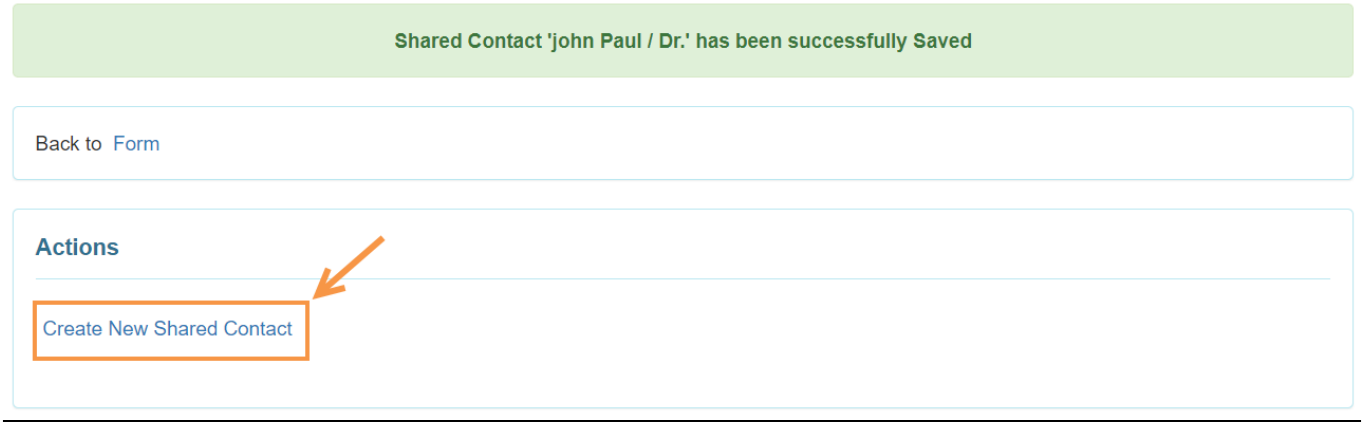
Mailing Address

Attention or in care of	Lia Patricia	Same as Primary Address	
Address	123 Street (Street 1)		(Street 2)
	Manila (City)	State (State)	01234 (Zip Code)
	Philippines (Country)		
Primary Phone	0112423597	Secondary Phone	
Additional Phone		Fax	

Cancel Back Save

□□□□□□□□□□ □□□□□□□ □□□□ □□□□□□□ □□□ □□□□ □□ □□□□ **Save** □□□□□ □□□□□ □□□□□

3. □□□ □□□□ □□□□ □□□ □□□□□□□□□□□ □□□□ □□□ □□□□□□ □□□□□□



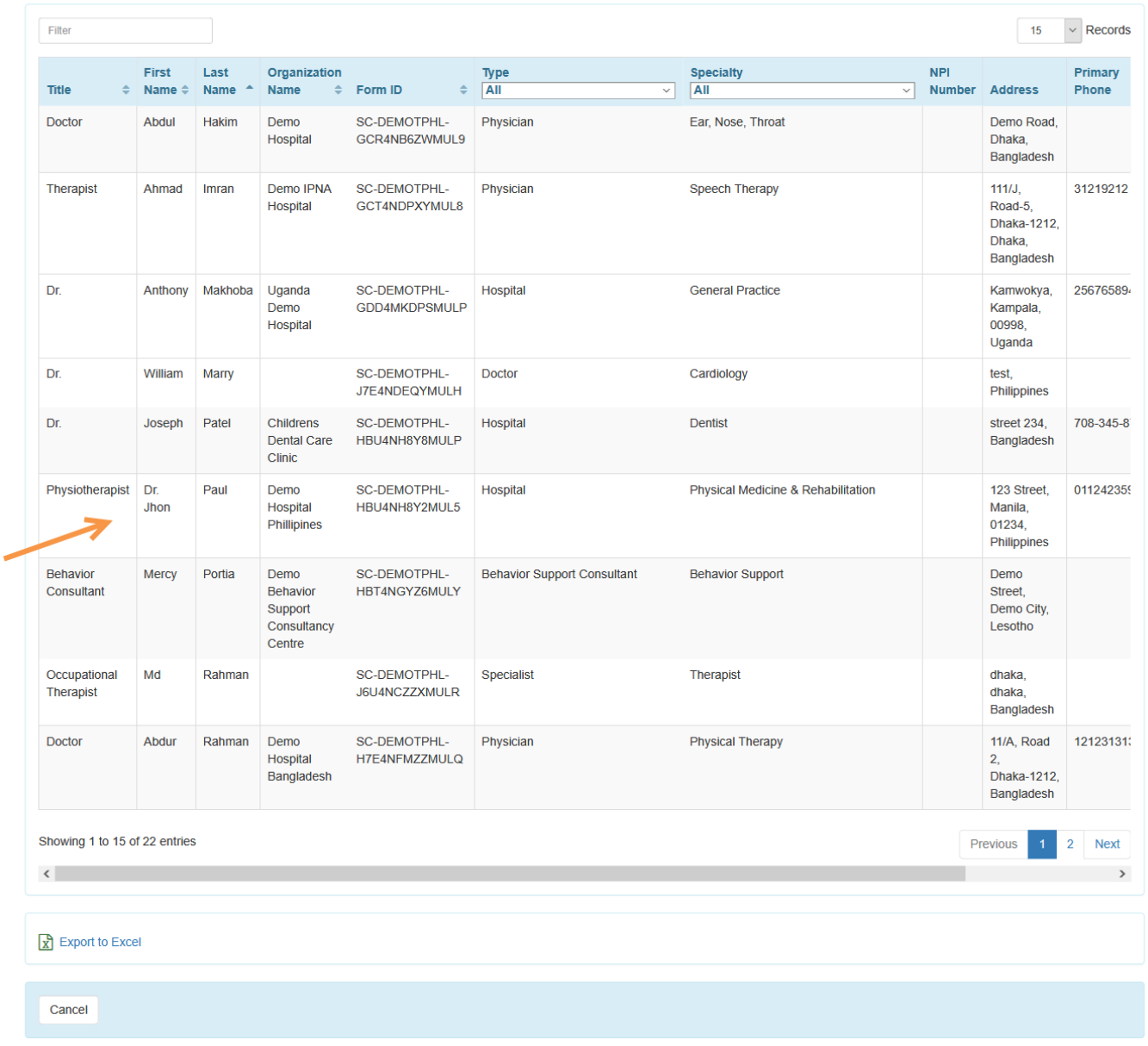
□□□□ **Shared Contact** □□□□ □□□□ **Create New Shared Contact** □□□□□□ □□□□□ □□□□□

Shared Contact □□□□□ □□□ □□□□□□□□□□ □□□□:

1. **Admin** □□□□□ □□□□ **Shared Contact** □□□□□□ □□ □□□□ **List** □□□□□□ □□□□□ □□□□□

2. **Shared Contacts** □□□□ contact □□□□□ □□□□ □□ contact □□ □□□□□ □□□□ □□□□□□□□□□ □□□□ □□□ □□□□ □□□□□□□ □□□□□

Shared Contacts



□□□□□□□□□□□□□ □□□□□ **Type** □□ **Specialty** □□□□□□□ □□□ Contact □□□□□ □□□□ □□□□ □□□□ □□□□ **Filter** □□□□□□□□□ Contact □□ □□□ □□□□□ □□□□□ □□□□ □□□□□□

3. □□□□□□□□ □□□□ □□□□□□□□□□□□□□□ □□□□□□ □□□ Shared Contact □□ □□□□□□□□□ □□□□□□ □□□□□□ □□□ □□□□□□□□□□□ □□□□□□□□ edit □□□□ □□□□□□□

□□□ □□□□□□□□□□□□□□□ Shared Contact □□ □□□□□□ □□□□ □□□ □□□□□□ □□□□□□□ □□□□ **Update** □□□□□□ □□□□□□ □□□□□□ Shared Contact □□ □□□□□□□□□□□□□ □□□□ □□□□□□ **Discontinue** □□□□□□ □□□□□□ □□□□□□

Shared Contact Active

Title	Physiotherapist	**First Name**	Dr. Jhon
Middle Name		**Last Name**	Paul
Organization Name	Demo Hospital Phillipines	**NPI Number**	
* **Type**	Hospital		
Specialty	Physical Medicine & Rehal		

Primary Address

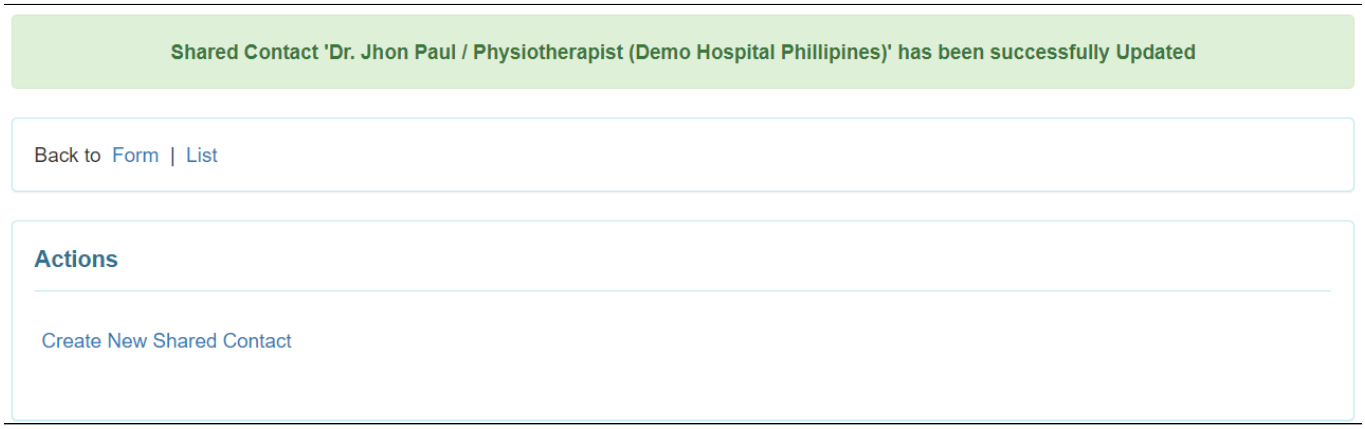
Attention or in care of	Lia Patricia		
Address	123 Street (Street 1)		Street 2
	Manila (City)	State (State)	01234 (Zip Code)
			Philippines (Country)
Primary Phone	0112423597	**Secondary Phone**	
Additional Phone		**Fax**	
Email	jhon.paul@demomail.com	**Web Address**	

Mailing Address

Attention or in care of	Lia Patricia	☑ **Same as Primary Address**	
Address	123 Street (Street 1)		Street 2
	Manila (City)	State (State)	01234 (Zip Code)
			Philippines (Country)

Cancel Back Discontinue Update

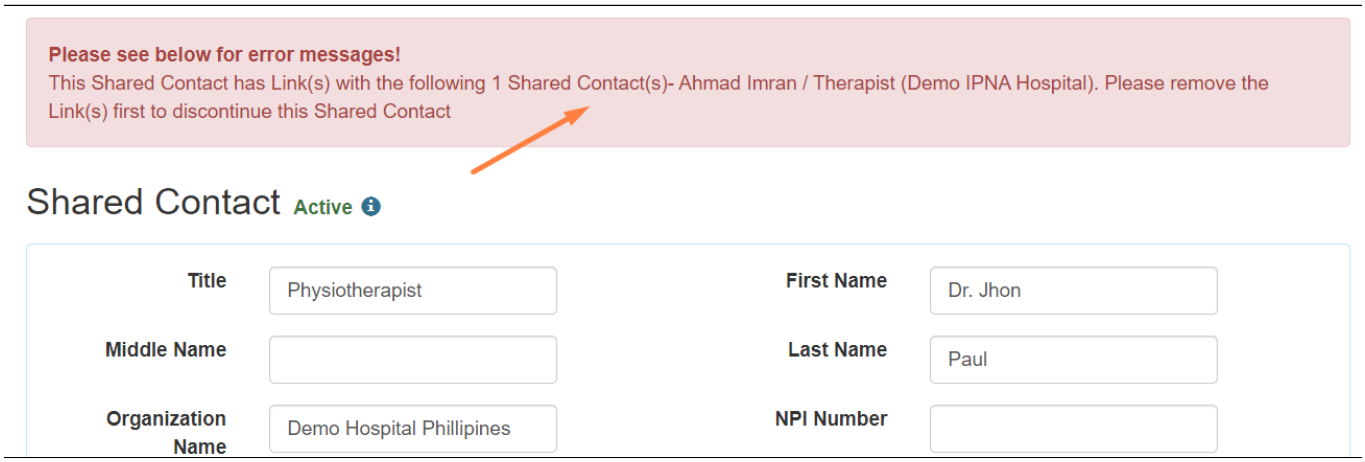
4. **Update** □□□□□ □□□□□ □□□□ □□ □□□□□□□□□□□□□ □□□□□ □□□ □□□□□□□□ □□□□□ □□□□□□



Discontinue □□□□□ □□□□□ □□□□ □□ □□□□□□□□□□□□□ Shared Contact □□ □□□□□□□□□□□□ □□□□□ □□□ □□□□□□□□ □□□□□ □□□□□□

Note: □□□□ ***Shared Contact*** □□□ □□□□ □□□□ ***Shared Contact*** □□ □□□□ □□□□ □□□

□□□□ □□□□□ □□□□ □□□□□□□□□□□ □□□ □□□□□□□



Note: Shared Contact □□□□□ □□□□□□□□□□□ □□□□, □□□□□ □□□□□□ □□□□□□ □□□ □□□□ □□ □□ □□□□□□ □□□□□ □□□□□□□ □□□ □□□□ □□□