CSM CYTOLOGY & HISTOLOGY SERVICES OF MD
13900 Laurel Lakes Avenue • Suite 100, Laurel, Maryland 20707-5091
301.206.2555 • 1-877-549-2642

CSM PROVIDER INFORMATION FORM

Clinic Name ______________________________

Street Address: ______________________________

City, State, Zip ______________________________

Phone: ______________________________

Please fill-in the requested information and return by fax to: 301-206-2595:

Clinican Name, Title: ______________________________

UPIN #: ______________________________

NPI # (national provider): ______________________________

MA # (Medicaid): ______________________________

Clinican Name, Title: ______________________________

UPIN #: ______________________________

NPI # (national provider): ______________________________

MA # (Medicaid): ______________________________

Clinican Name, Title: ______________________________

UPIN #: ______________________________

NPI # (national provider): ______________________________

MA # (Medicaid): ______________________________

Clinican Name, Title: ______________________________

UPIN #: ______________________________

NPI # (national provider): ______________________________

MA # (Medicaid): ______________________________

If you have any questions, please contact Fran at
301-206-2555 or 1-877-549-2642 extension 47. Thank you!