



LOCUM PROVIDERS MUST COMPLETE AND
SUBMIT INFORMATION BELOW

Name: _____

NPI #: _____

Cell: _____

E-mail: _____

Specialty: _____

Locums Company: _____

OK Medicaid Provider ID: _____

Please submit only this page to:

Patricia.Bradley@ouhealth.com

Lucille.Jones@ouhealth.com

Fax: (405) 271-5006

Phone: (405) 271-8132

