

**PHYSICIAN COMMUNICATION LIST REQUEST**

Name: \_\_\_\_\_ Practice/Dept: \_\_\_\_\_

Phone or Ext.: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Select all that apply:  MD  DO  DPM  DDS  NP  PA  CNM  CRNA  
 Office Managers  Other: \_\_\_\_\_

Desired Specialties: \_\_\_\_\_

Would you like to interoffice MMC and MCHC addresses?  Yes  No**Please select either COUNTIES or HOSPITALS:** **COUNTIES** **5 COUNTIES**

- Grand Traverse
- Benzie
- Kalkaska
- Antrim
- Leelanau

 **12 COUNTIES**

- Manistee
- Wexford
- Missaukee
- Osceola
- Crawford
- Roscommon
- Otsego

 **25 COUNTIES**

- Chippewa
- Mackinac
- Luce
- Emmet
- Charlevoix
- Cheboygan
- Presque Isle
- Alpena
- Montmorency
- Alcona
- Iosco
- Ogemaw
- Oscoda

 **HOSPITALS**

- Alpena Regional Medical Center
- Helen Newberry Joy Hospital
- Kalkaska Memorial Health Center
- Mackinac Straits Health System
- Munson Healthcare Cadillac Hospital
- Munson Healthcare Charlevoix Hospital
- Munson Healthcare Grayling Hospital
- Munson Healthcare Manistee Hospital
- Munson Healthcare Otsego Memorial Hospital
- Munson Medical Center
- McLaren – Northern MI, Cheboygan
- McLaren – Northern MI, Petoskey
- Paul Oliver Memorial Hospital
- St. Joseph Health System
- War Memorial Hospital
- West Branch Regional Medical Center

Event date: \_\_\_\_\_ Date you intend to mail by: \_\_\_\_\_

For what education purposes will this mailing list be used?  
\_\_\_\_\_

**Fax or Email completed form and a draft of the communication, if possible, to: Provider Services at 231-935-5885 / [MHC-MSOWdata@mhc.net](mailto:MHC-MSOWdata@mhc.net).** You will be notified when your request is approved/denied.

Questions: Call Colleen Morrow at 231-935-5928 or Heidi Kistler at 231-935-5873