

RETURN ALL COMPLETED DOCUMENTS TO THE  
YALE-NEW HAVEN COMMUNITY MEDICAL  
GROUP AT THE ADDRESS BELOW.

DO NOT SEND ANY MATERIALS DIRECTLY TO  
THE HEALTH PLANS!!!!

REMEMBER TO INCLUDE CURRENT COPIES OF  
THE FOLLOWING DOCUMENTS:

CONNECTICUT LICENSE  
FEDERAL DEA CERTIFICATE  
STATE NARCOTICS CERTIFICATE  
MALPRACTICE INSURANCE FACESHEET  
RESUME/WORK HISTORY  
SIGNED W-9 FORM

YALE-NEW HAVEN COMMUNITY MEDICAL  
GROUP  
20 YORK STREET, HUNTER 4  
NEW HAVEN, CT 06510-3202