

National Infusion Center Directory Enrollment Form

Phone: 1-844-772-4548 • Fax: 1-888-782-6157 • www.MTSiteofCareDirectory.com

Please complete this enrollment form/profile sheet for each infusion center within your practice or group, and fax to 1-888-782-6157 or enroll online at www.MTSiteofCareDirectory.com.

This directory of infusion service providers will be used by Mitsubishi Tanabe Pharma America, Inc., at Searchlight Support™, to provide information to prescribing practices and patients. If you have questions, please call 1-844-772-4548.

Asterisk (*) indicates required field.

*Type of Facility (check one):

 Ambulatory Infusion Suite Freestanding Center/Clinic Hospital Outpatient Department (HOPD) Home Infusion Prescribing MDs OfficeIf Prescribing MDs Office, select specialty[ies]: Dermatology Gastroenterology Neurology Neuromuscular Disease Specialist
 Oncology Pulmonology Rheumatology Other _____

*Facility/Practice Name _____

*Doing Business As (DBA) _____

*Practice National Provider Identifier (NPI) _____ DEA Number _____

HIN _____ *Federal Tax ID Number _____

Physician Name (if applicable) _____

Physician NPI (if applicable) _____ DEA Number _____ HIN _____

*Facility/Practice Address _____

*City _____ *State _____ *ZIP Code _____

*Primary Contact Name _____ *Primary Contact Phone _____

*Primary Contact E-mail _____ Primary Contact Fax _____

Please provide contact information for the person in your office who is responsible for enrolling your practice in the Mitsubishi Tanabe Pharma America, Inc., Infusion Center Directory. A representative of Mitsubishi Tanabe Pharma America, Inc., at Searchlight Support™ will contact this person to verify and validate this information.

*Physician On Site Yes No

Additional Physicians _____

Hospital Affiliations _____

Infusion Site Hours M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____

Languages Spoken _____

Insurance Accepted (list) _____

Amenities: TV Meals Beverages Private Rooms Pillows Wheelchair Assistance Other _____
 WiFi Snacks Reclining Chairs Headphones Blankets Reading Materials _____**Infusion Staff** U.S. Licensed MD _____ (number) Nurse Practitioner(s) _____ (number) Registered Nurse(s) _____ (number)

Website Address _____

 *I am a legally authorized representative of the facility or practice and I am submitting this information on behalf of the Facility/Practice Name listed on this form. *I understand that this enrollment form offers the facility or practice, listed above, the opportunity to submit their center information as outlined on this form to Mitsubishi Tanabe Pharma America, Inc., and their representatives and affiliates to be included in an infusion center site of care directory. Further, I agree to be contacted by Mitsubishi Tanabe Pharma America, Inc., at Searchlight Support™, by mail, fax, e-mail or telephone for the purposes of reviewing and validating the submitted registration information. There will be no exchange of fees or remuneration of any kind in exchange for registration or participation in the directory. I can update my profile or opt out of the directory at any time by calling Mitsubishi Tanabe Pharma America, Inc., at Searchlight Support™, at 1-844-772-4548. This directory is not a referral service.

*Name/Title (please print) _____

*Authorized Signature _____ *Date _____

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