



CareNet Physician Response Form

Please return this form to indicate your interest in participating in Toledo/Lucas County CareNet.

Physician's Name: _____

Group Name: _____

Physicians in Group & License Numbers: _____

Specialty Area: _____

Hospital Affiliation(s)/ Privilege(s): _____

Office Contact Person: _____

Address: _____

Office Hours: _____

Phone #: _____ Fax #: _____ E-Mail _____

Number of CareNet cases you are willing to see every 6 months: _____

Questions or Concerns: _____

Thank you for your interest and participation in CareNet! If you have any questions, please feel free to contact the CareNet office at 419-842-0800. Please complete and return this form to:

*Dr. Newton
Toledo/Lucas County CareNet
3231 Central Park West Drive, Suite 200
Toledo, Ohio 43617
FAX: 419-843-8889*