



Provider Application

Network Role



PCP



Specialist



Both

☐ Allied

Please include all forms and attachments upon return.

Provider Information - Please check the box if additional information is attached

☐ (Please type or print)

Name - Last Acorn	First Andy	Middle (Jr., Sr., etc.) Robert	Any Prior Names		Degree MD
Birthdate (mm/dd/yyyy) 25790	Social Security Number 465-77-8888	UPIN H13333	Are you eligible to lawfully work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s) Spoken By Practitioner Spanish	Language(s) Spoken In Office Spanish
Aetna U.S. Healthcare Participating Group Name: (If applicable) Lake Medical Associates, PLLC			E-Mail Address aacorn@cts.com		
Group Address - Number and Street 202 Taughannock Blvd., PO Box 366		Telephone Number 607-277-3257	Group TIN 16-1665401	County Tompkins	
Building/Suite/P.O. Box			City Ithaca	State NY	ZIP Code 14851-0366

Office Locations

Primary Office Address - Number and Street 100 Aero Drive			Building/Suite/P.O. Box Suite S		
City Ithaca	State NY	ZIP Code 14850	Main Telephone Number 617-479-9877	FAX Number 617-479-9878	
Handicap Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			TIN 16-989778	TIN Owner (Appears on SS4 or W-9) Lake Medical Associates, PLLC	
Second Office Address - Number and Street 101 Dates Drive			Building/Suite/P.O. Box		
City Ithaca	State NY	ZIP Code 14850	Main Telephone Number 607-274-4011	Fax Number	
Handicap Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			TIN 16-989778	TIN Owner (Appears on SS4 or W-9) Lake Medical Associates, PLLC	
Billing Address - Number and Street 202 Taughannock Blvd., PO Box 366			Building/Suite/P.O. Box		
City Ithaca	State NY	ZIP Code 14850	Main Telephone Number 607-274-4011	Fax Number 607-277-4056	
Mailing Address - Number and Street See above for billing and correspondence address			Building/Suite/P.O. Box		
City	State	ZIP Code	Main Telephone Number	Fax Number	