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PHYSICIAN DEMOGRAPHIC FORM

If any information should change once you completed this form, please provide the NCCR with updated information

PHYSICIAN INFORMATION

If your office has multiple locations, please complete a form for each location.

Reporting Physician Name:		NPI:		
Address:		City:	State:	Zip:
Phone:	Fax:		Date Form Completed:	
EHR Software Used:	Vendor Contact Name:		Vendor Phone:	

Please attach a list of physicians affiliated with your office including their NPI and specialty information.

Estimated annual number of cancer incidence cases

If you are affiliated with a hospital, does the hospital cancer registry report cancer incidence cases for this location? Yes No

If yes, list Hospital Name(s): _____

Please note that any cancer incidence case not reported by the hospital must be submitted to the registry by your office

PRIMARY CONTACT FOR REPORTING TO THE NCCR

Name:		Title:
Phone:	Fax:	Email:

REPORTING OPTIONS

Please contact the NCCR for any questions in this section

Option 1: <input type="checkbox"/> Electronic Reporting	File submission format: <input type="checkbox"/> NAACCR <input type="checkbox"/> HL7 <input type="checkbox"/> Excel <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Option 2: <input type="checkbox"/> Direct abstracting in Web Plus	Web Plus is a web-based application that collects cancer data securely over the public Internet. The online abstracting capability of Web Plus is ideal for reporting from physicians' offices with low-volume of cancer cases
Option 3: <input type="checkbox"/> Paper submission	Hard copy submission of the NCCR cancer incidence reporting form via, mail, fax, or secure file upload

Once you select your reporting option the NCCR will provide additional resource materials to start reporting

NCCR OFFICE ONLY

Facility ID:	Display Type:
Date Received:	Date additional resources provided: