

Practice Information

Name:

Tax ID #:

Social Security Number (if different from Tax ID#):

Name of Practice (if applicable):

Is practice incorporated?

Service Address (office where you see clients):

Service Address phone:

Service Address fax:

(Note: If you have more than one service address, please include all service addresses, phone, and fax #'s. Please indicate which days you are at which office.)

Billing Address (where checks are sent, if different from above):

Billing Address phone (if different from above):

Billing Address fax (if different from above):

Your date of birth:

Your license #:

Your degree(s):

E-mail address:

Mobile phone # (if this is a good way to reach you):

Home phone # (if this is a good way to reach you and you are OK giving it out):

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Standard Billing Fees:

90801:

90806:

90847/46:

90853 (*if applicable*)

90862:

90805:

90807:

90809:

If there are any other procedures you provide with patients (*e.g. testing*), please list the procedure code & rate here:

Code:

Fee:

What insurance panels do you participate on? Please list them, along with any participating-provider numbers you might have.

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NPI #: (Type 1 – individual)

NPI #: (Type 2 – organizational)

Medicare #:

Medicaid #:

BC/BS #:

Please list any usernames & passwords to insurance company websites:

Do you have a CAQH account: **Yes** **No**

If yes, please list your account # (login ID #):

Please indicate your password: