

Requirements to Get Started

Provider Information Required

- Professional Providers Profile Sheet (completely filled out where applicable)
- Copies of each license and/or credential certificates
- W-9 Form
- Copies of other certificates or documents which are required to operate/manage as a licensed/certified provider
- Copy of the Super Bill (includes CPT codes, Diagnosis codes and fee schedule); if applicable
- Copies of Contractual Agreements with other Providers, if applicable ie: a patient only has Government insurance (Medicare, Medicaid, Champva, TriCare, all Medicare supplement insurance re: Secure Horizon, AARP, etc), including self paying patients.

Patient Information Required for Billing Purposes

- Copy of patient registration and intake form
- Copy of insurance card (front and back)
- Copies of Explanation of Benefits (EOB) from previous submitted claims, if applicable
- Copy of patient payment's, if applicable
- Any documents or form that relate to patient. Re: Financial Hardship Agreement, Workers Compensation, etc
- Authorization and Precertification, if applicable

Claim Billing Requirements

- Patient Super Bill stating diagnoses and procedure
- Face-sheets; signed name along with date of Procedure and if assisting in the procedure with named surgeon/physician
- Operative Reports; if applicable
- Letter of Medical Necessity; if applicable
- CPT codes and Diagnosis codes; if assisting.

Any Additional work- per Separate Proposal

Payment less service fees will be sent to Providers by Check or Direct Deposit no earlier than two (2) weeks pending payment of insurance claims by carriers, with itemized statement attached.

Please complete the following information on each Provider

PROFESSIONAL PROVIDER PROFILE FOR BILLING

Medical/Office Practice Name	
Main Billing Address	
Main Billing Phone #	
Main Billing Fax #	
Group TIN	
Group License #	
Group NPI #	
Group Primary Taxonomy Code	
Group Medicare*	
Group Medicaid*	
Group BCBS*	
Group TriCare*	
Practice Administration Contact	
Main Front Office Contact	
Main Practice Provider Contact	
Primary Nursing/Clinical Asst	
Practice CLIA #	

Solo Provider Name	
Main Billing Address	
Main Billing Phone #	
Provider TIN	
Provider License #	
Provider NPI	
Provider CLIA #	
Provider DEA*	
Provider Primary Taxonomy Code	
Provider Medicare*	
Provider Medicaid*	
Provider Tricare*	
Workers Comp State ID	
Office Clinical Contact	
Front Office Contact	

Also we will need the following info:

Your current superbill/charge sheet in Word or Excel format

For any information that does not apply just mark N/A

If any information is the same as above mark SAME

If any information is pending mark it as PENDING

Please provide information as requested; DEA only used if

Provider will be utilizing (E – Prescribing applications.)