

Billing Intake Form

Type	Medical	Dental	Vision	Other
*Rendering Physician Name		*Rendering NPI		
*Specialty		Role		
*Billing Provider Name (can be Group or Individual; depend on the agreement with the Insurance)				
*Service Address				
Billing/pay to Address				
*Tax ID:		*Billing NPI:		
*Phone		*Fax		Office hours and Days
*Group PTAN:		*Individual PTAN:		
*Group Medicaid ID:		*Individual Medicaid ID:		
Billing Software Vendor (if already have)				
EMR & EHR(if already have)				
<ul style="list-style-type: none"> If you already have Provider Portals, please provide. If no, we will help you to register you and maintain your records. 				

* Office contact person Name			
*Email			
*Tel		Fax	
Fax			