

Medical Enrollment

*Provider Name	
*Provider Address	
*Tel	Fax
*Tax ID	
*NPI	
*Financial Institution Information	
Financial Institution Address	
Street _____ City & State _____ ZIP Code _____	
*Financial Institution Routing Number	
*Provider's Account Number with Financial Institution	
*Provider's Account Number with Financial Institution	

Documents:

- Void Check or Original Bank Letter (Letter must be attested)
- IRS EIN Assignment Letter
- W9