

BILLING INFORMATION FORM

Please complete a copy of this form for each practice location.



Practice Billing Information	
Practice/Billing Name:	
Practice Legal Name:	
Practice Specialty:	
Billing NPI:	
Taxpayer ID:	

IMPORTANT: If providers practicing at this location submit claims under more than one Billing NPI and TIN combination, please include documentation of the practice's billing structure. **Please include a copy of your W-9.**

Practice Physical Address Information (for our provider directory)			
Address:			
City:		State:	Zip:

Billing Address Information (for mailing checks and remittances) <input type="checkbox"/> Same as Physical			
Address:			
City:		State:	Zip:

Mailing Address Information (for letters, news, and other correspondence) <input type="checkbox"/> Same as Billing <input type="checkbox"/> Same as Physical			
Address:			
City:		State:	Zip:

Practice Website: _____