

Office Information Update

Tax ID Number: _____ Practice/Agency Name: _____

Office Information

Physical Office Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Contact Information

Office Number: _____ EAP Contact Name: _____

Office Fax: _____ Credentialing Contact (if different): _____

Office Email: _____ Credentialing E-mail: _____

Website: _____ Preferred Method of Receiving Authorization Form?
 Email _____ Fax _____

Availability

Business Hours (9:00 am to 5:00 pm) Evening Hours Weekend Hours

If you have additional office locations, please fax or e-mail an extended list of the offices

Liability Insurance (Must include your current liability insurance face-sheet)

Liability Carrier: _____ Policy Number: _____

Limit of Coverage Single Occurrence: _____ Expiration Date: _____

Limit of Coverage for Aggregate: _____

Accessibility (Attach explanations for unchecked responses to the following questions)

- Ability to return client phone calls within 1 business day?
- Ability to offer a routine appointment within 3 business days?
- Ability to offer an urgent appointment within 1 business day?

- Do you comply with federal, state and/or provincial, and local legal requirements governing public accessibility, health and safety?
- Do you maintain a service environment in all primary and affiliate offices that is: Safe, clean, free of fire hazards, smoke free, and professional?

Insurance Panels Accepted

Please list insurance panels that your practice/agency is in network with.