INSTRUCTIONS

Important: Please read all instructions and information before completing and signing this form.

An incomplete form will not be accepted and processed. Please follow the instructions carefully. This standard form was developed by the MSO Provider Department.

Below are the instructions to complete each section. Please write clearly and legibly, completing all the sections that apply. Use black or blue ballpoint pen to ensure clarity of information, DO NOT USE PENCIL. We ask that all the information written here be as specific as possible. The form must be completed in its TOTALITY. Do not leave ANY question unanswered. If any question does not apply to you, write "Not Applicable" or "NA"

1st Page - Provider Identification & Provider Demographic Data

* "Line of Business" - Please select the Line of Business you are currently contracted for.
(1) "Tax ID Name" - Enter tax ID number.
(2) "Rendering NPI Number" - Enter rendering number.
(3) "Billing NPI Number" - Enter your billing number.
(4) "Provider Name" - Enter the name of the facility.
(5) "Email" - Enter the email address of the facility. Remember to include the @ symbol.
(6) "Primary Location Address" - Enter the physical address of the facility.
(7) "Telephone Number" - Enter the phone number including the area code.
(8) "Fax Number" -Enter the fac number including the area code.
(9) "Facility Hours" - Select the days and working hours of the facility.
(10) "Accessibility Questions" - Answer acccording to your facility.
(10.1) "Accepting New Patients for Medicare Advantage" - Answer as it applies. If you accept new Medicare patients, please answer
(10.2) "Accepting New Patients for Medicaid" - Answer as it applies. If you accept new Medicaid patients, please answer Yes.
(10.3) "Gender Limitations" - Please select if your facility is limited to a specific gender.
(10.4) "Age Limitation" - Enter any age limitation of the services your facility provides, if it applies.
(10.5) "Handicap Access" -Indicate if the facility has handicap areas designated as: Ramps.
(11) "Billing Name" - Enter the name used for billing purposes.
(12) "Mailing / Billing Address" - Enter the primary address where you want to receive all your mail related to payments and claims.

2nd Page - Facitly Staff

** The following information is related to the billing area of the facility. It is optional. If the facility does not have a director, please check the box provided. **

(13) "Facility Staff I" - Specify the position of the contact listed.
(14) "Last Name" - Specify first last name.
(15) *Second Last Name*- Specify second last name.
(16) "First Name" - Specify first name.
(17) "Facility Staff II" - Specify the position of the contact listed.
(18) "Last Name" - Specify first last name.
(19) *Second Last Name*- Specify second last name.
(20) "First Name" - Specify first name.
(21) "Facility Staff III" - Specify the position of the contact listed.
(22) "Last Name" - Specify first last name.
(23) *Second Last Name*- Specify second last name.
(24) "First Name" - Specify first name.
(25) "Facility Staff III" - Specify the position of the contact listed.
(26) "Last Name" - Specify first last name.
(27) *Second Last Name*- Specify second last name.
(28) "First Name" - Specify first name.

5th Page - Insurance Company Information

(29) "Insurance Carrier"-Enter insurance company name.

(30) "Coverage Type"- Enter insurance type.
(31) "Unlimited Coverage? "- Answer according coverage, yes if unlimited.
(32) "Coverage"- Enter according coverage
(33) "Policy Number"- Enter policy number.
(34) "Original Efective Date"- Enter original effective date
(35) "Effective Date"- Enter efective date.
(36) "Expiration Date"- Enter expiration date.

6th Page - Other Provider Information

(37) "Hospital Only"- Information related to Hospitals. Select answers as it applies.
(38) "Clinical/Pathology Laboratory - Skill Nursing Facility"- Information related to Laboratories and Skilled Nursing Centers. Check the answers if applicable.
(39) "Town list"- Enter the cities you provide service to.
(40) "Radiology Facility with Mammogram Only"- Information related to Radiological Centers that provide mammography services. Check the answers if applicable.
(41) "DME & DMEPOS"- Information related to Durable Medical Equipment. Check the answers if applicable.
(42) "Ambulance"- Information related to ambulances.

Página 7 - Other Provider Information

(43) "Ambulance"- Information related to ambulances.

Página 8 - Disclosure Questions

All questions from 1 to 7 must be answered under the "Yes" or "No" options. If you select "Yes" in any of the boxes, you must explain the reason for the selection in the box provided for each question. Remember to answer ALL the questions.