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| --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION INFORMATION** | | | | | | |
| Facility/Provider Type:Click or tap here to enter text. | | | | | | |
| Legal Name (as listed on W-9): Click or tap here to enter text. | | | | | | |
| DBA/Directory Name: Click or tap here to enter text. | | | | | | |
| NPI #: Click or tap here to enter text. | | | TAX ID #: Click or tap here to enter text. | | | |
| Medicaid #: Click or tap here to enter text. | | | Medicare #: Click or tap here to enter text. | | | |
|  | | | | | | |
| **LOCATION INFORMATION** *(if more than one location, please supply list of servicing locations, hours, PFI, Op Cert, M)* | | | | | | |
| Street Address: Click or tap here to enter text. | | | | | | |
| City, State Zip Code: Click or tap here to enter text. | | | | | | |
| Directory Telephone: Click or tap here to enter text. | | | Directory Fax: Click or tap here to enter text. | | | |
| Contact Name/Title: Click or tap here to enter text. | | | Contact Email: Click or tap here to enter text. | | | |
| Directory Electronic Contact Information: Click or tap here to enter text. | | | | | | |
| *Contracted* Service Counties: Click or tap here to enter text. | | | | | | |
| Capacity (if applicable): Click or tap here to enter text. | | | | | | |
| Languages (other than English): Click or tap here to enter text. | | | | | | |
| Are you accepting new patients at this time? Yes  No | | | | | | |
|  | | | | | | |
| **ACCESS INFORMATION** | | | | | | |
| **1.** Do you provide 24 hours/day, 365 days/year service? | | | | Yes  No | | |
| If no, please fill in the table below with regular operation hours. | | | | | | |
| **Day** | | **Hours** | | | | |
| Monday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Tuesday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Wednesday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Thursday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Friday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Saturday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| Sunday | From: Click or tap here to enter text. | | | | | To: Click or tap here to enter text. |
| *Please indicate all holidays that facility is closed or has reduced hours:* Click or tap here to enter text. | | | | | | |
|  | | | | |  | |
| **BILLING/REMITTANCE ADDRESS** | | | | | *Same as service location* | |
| Street Address: Click or tap here to enter text. | | | | | | |
| City, State Zip Code: Click or tap here to enter text. | | | | | | |