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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. |