



All Data Service

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Provider Enrollment Application

Provider Name					Specialty	
Practice Name						
Primary Office Street Address						
City		State		Zip		Check box for HPSA (AQ) Area <input type="checkbox"/>
Billing Address						
City		State		Zip		
Office Phone		Fax		Pager		
Cell		Email				
Contact Person / Secretary			Referred By			
Tax ID		SS#		D.O.B.		
NPI Type I			NPI Type II (Organizations)			
License#		UPIN		CLIA		
EFT/ ERA ENROLLMENT INFORMATION						
Bank Name			Bank Account Name			
Bank Address			Bank Routing Number			
Bank Account Number			Type (checking or savings)			



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Additional Service Locations

Facility Name		Type	<input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (please specify)
Address			Check box for HPSA (AQ) Area <input type="checkbox"/>
Phone		Fax	

Facility Name		Type	<input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (please specify)
Address			Check box for HPSA (AQ) Area <input type="checkbox"/>
Phone		Fax	

Facility Name		Type	<input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (please specify)
Address			Check box for HPSA (AQ) Area <input type="checkbox"/>
Phone		Fax	

Facility Name		Type	<input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (please specify)
Address			Check box for HPSA (AQ) Area <input type="checkbox"/>
Phone		Fax	



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Please enter all your provider numbers below:

Empire Medicare		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fidelis		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
GHI Medicare		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	GHI		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	GHI HMO		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid Specialty	<input type="checkbox"/> Aids / Hiv <input type="checkbox"/> PPAC <input type="checkbox"/> CHAP <input type="checkbox"/> OB Moms Program <input type="checkbox"/> Other (please list)		Healthfirst (for each facility)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Medicare		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Healthplus (for each facility)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
1199		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	HIP		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
ACS (Healthnet)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare Partners		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aetna HMO		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Metroplus		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aetna PPO		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVP		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Americhoice (for each facility)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oxford		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amerigroup (Careplus)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wellcare		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Empire Blue Cross (for each facility)		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vytra		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cigna		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Elderplan		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evercare		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Group Providers only: Please enter all your group provider numbers below:

DME Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Empire Blue Cross Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Empire Medicare Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
GHI Medicare Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Medicare Group		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NPI Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Bill Patient Questionnaire

Billing 1A (Please check only 1 of the 3 options)

1. I want to balance bill my patients seen at:
- Office Hospital
 - For Deductibles
 - Medicare Coinsurance
 - No coverage
2. I only want to bill my patients in rare situations, so please ask me before billing each patient
3. I do not want to bill my patients for any reasons.

Billing 1B (Please skip this section if option 3 was checked)

How many bills should be sent to your patients? 1 2 3

If patient still does not respond, we should

- Write off payment Notify Doctor Forward to collection agency