



PRACTICE & PROVIDER PROFILE

Practice Legal Name	
Practice DBA Name (if different)	
Principal's Name	
Remit Address Street	
Remit Address City, State, Zip	
Federal Tax ID #	
Group NPI#	
Medicare PTAN (Group)	
RR Medicare PTAN	
<i>Main Office (Service Location1) Name:</i>	
Main Office Street Address	
Main Office City, State, Zip	
Main Office Phone	
Main Office Fax	
Main Office Contact	
Main Office Contact Email	
Service Location 1 NPI (if applicable)	
<i>Service Location 2 Name:</i>	
Service Location 2 Street Address	
Service Location 2 City, State, Zip	
Service Location 2 Phone	
Service Location 2 Fax	
Service Location 2 Contact	
Service Location 2 Contact Email	
Service Location 2 NPI (if applicable)	

Principal Physician / Provider	
Full Name (First MI Last)	
Credentials	
License#	
Individual NPI	
UPIN# (MD's only)	
Email	
Phone#	
Taxonomy Code	
Notes	

Carrier	Participating?	DUyf'Dfc j jX'8		
BCBS	YES NO			
Medicare	YES NO			
Medicaid	YES NO			
Tricare	YES NO			
<i>OTHERS:</i>				

Please fax to:
 Greg Murphy
 President / Medibill Professionals
 Fax: [1+\(800\) 859-2093](tel:1+(800)859-2093)
 Questions? email greg@medibillpros.com

(If more than one Physician / Provider, please continue below)

