



Billing Information Intake Form

If there are separate billing NPIs for each service location or service type (for eg. Skilled Nursing, Home Care etc.), please complete one for each billing NPI.

Additionally, please attach corresponding W9 form.

Date: _____

Name of Practice & Service Address: _____

Tax ID: _____

Billing NPI: _____

Billing Address: _____

Billing Manager: _____

Billing Telephone: _____

Billing Email: _____

Name of Person Completing Form: _____