SYSTEMS DESIGN
Billing Solutions Since 1989

# Provider Information Form for Provider Enrollment

*By filling in the following items, we will be able to complete most sections of your provider enrollments. See the bottom of the form for additional information that will be needed in order to complete the process. (NOTE: This form is fillable & savable on your computer if you have Adobe Reader installed.)*

| Legal Name | dba Name |
|---|---|
| | |

| Mailing Address | Physical Address *(Headquarters/Main Station)* |
|---|---|
| | |

*In addition, please provide the physical address and main phone number for each location where ambulances are stored on the second page of this form.*

Primary Phone #: Primary Fax #:

Date of First Billing: Tax ID #: NPI #: Medicare #:

EMS License # Effective Date: Expiration Date:

**Authorized Signers and Other Contacts**

| 1 = AO<br>2 = DO<br>3 = OC | Title | Name | Phone | E-mail | SSN | DOB | State of Birth | Date started in current position |
|---|---|---|---|---|---|---|---|---|
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*1 - Authorized Official (AO) - Authorized to bind agency to a Federal Contract (Chief, CFO, City Manager).*
*2 - Delegated Official (DO) - typically the Administrative Assistant or other personnel who works closely with EMS billing, delegated to maintain MC file.*
*3 - Other Contacts (OC) - Personnel who will work with the billing agency on a regular basis (SSN/DOB is NOT required).*

| Response Area | | | |
|---|---|---|---|
| City | Zip Code | City | Zip Code |
| | | | |
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| All Stations with Ambulances | | | | | |
|---|---|---|---|---|---|
| Station Name / Number | Physical Address | City | State | Zip Code + 4 | Direct Phone # |
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## Required Attachments

**All New Clients please provide:**

- ☐ EMS License
- ☐ IRS Form CP575 or LTR 147C
- ☐ Bank Account information:
  - On bank letterhead
  - Name of Account Holder
  - Type of Account (Savings, Checking, etc.)
  - Routing & Account numbers
  - Signed by a bank official

*Note: The name of the account holder on the bank letter should match the legal name on your IRS document.*

**If Enrolling with Medicare for the first time also include:**

- ☐ Vehicle registrations for all ambulances in service
- ☐ Copy of Driver's License for Authorized & Delegated Officials to verify signatures

**If Enrolling with DSHS for the first time also include:**

- ☐ Copy of UBI/Master's Business license
- ☐ Copy of Declarations page from agency liability insurance