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### Clinic Information

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Complete the form thoroughly. Leave blank non-applicable and unknown information.

- Office / Clinic legal name:
  - \_\_\_\_\_
- Office / Clinic DBA name:
  - \_\_\_\_\_
- Office / Clinic incorporation date:
  - \_\_\_\_\_
- Office / Clinic street address, city, state, zip + 4:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Office / Clinic mailing address, city, state, zip + 4:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Office / Clinic phone number, fax number, e-mail address:
  - Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  - E-mail: \_\_\_\_\_

## MedEase Practice Management System

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- Office / Clinic practice manager:
  - Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
- Office / Clinic contact person:
  - Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
- Office / Clinic business license number:
  - Number: \_\_\_\_\_ State: \_\_\_\_\_
  - Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- Office / Clinic CLIA number:
  - Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- Office / Clinic Medicare group number; Medicaid group number:
  - Medicare: \_\_\_\_\_ Medicaid: \_\_\_\_\_
  
- Office / Clinic Medicare submitter ID:
  - \_\_\_\_\_
  
- Office / Clinic Railroad Medicare submitter ID:
  - \_\_\_\_\_
  
- Office / Clinic Blue Cross submitter ID:
  - \_\_\_\_\_
  
- Office / Clinic Tax ID number – Is this a Social Security Number?:
  - \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_
  
- Office / NPI number:
  - \_\_\_\_\_

## MedEase Practice Management System

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- Does your office / clinic bill:
  - Medicare Claims: Yes\_\_\_\_\_ No\_\_\_\_\_
  - Medicaid Claims: Yes\_\_\_\_\_ No\_\_\_\_\_
  - Tricare Claims: Yes\_\_\_\_\_ No\_\_\_\_\_
  - U.S. Dept. of Labor claims: Yes\_\_\_\_\_ No\_\_\_\_\_
  - Railroad Medicare Claims: Yes\_\_\_\_\_ No\_\_\_\_\_
- Provider / Office / Clinic accepts VISA/Master Card Yes\_\_\_\_\_ No\_\_\_\_\_
- Number of computer workstations to access MedEase System:
  - \_\_\_\_\_
- **IMPORTANT: Attach a copy of the clinic's procedure codes price list; including the CPT code, description and price.**

**MedEase Practice Management System**

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Please provide copies of the following for each provider in your clinic:

- Medical/Professional School Degrees/Diplomas
- Board Certification
- Professional License(s)
- CV
- CLIA License
- Business License(s)
- DEA
- Certificate of Professional Liability Insurance Coverage
- IRS generated Documentation w/Tax ID # & Legal Name of Practice
- NPI Notification, User Name & Password to access
- Medical Record Storage Address (if different)
- Professional Sanctions, Criminal, Litigation, Malpractice Actions (if any)
- A list of current fees by CPT
- Name of all other practice locations outside the normal office (Hospital, Ambulatory Surgery Center.)
- All Insurance Carriers for which you are contracted with, including Provider ID #'s (Individual & Group)
- Additional information:

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