Company Profile

InstructionsPlease fill out the following practice information.

*\*Please note, 'Company Profile' should include the practice's primary location, while '5010 Billing' should include practice's billing address (if different from primary location).*

|  |
| --- |
| Company Profile |
| Practice Name |  | Tax ID Number |  |
| Mailing Address |  | Tax ID Type (group or individual) |  |
| City |  | Practice NPI |  |
| State |  | Primary Contact Person |  |
| Zip Code |  | Contact Email |  |
| Phone Number |  | Contact Phone |  |
| Fax Number |  |  |

5010 Billing / Accounts Payable Contact

InstructionsPlease fill out the following information about how your providers should be setup for 5010 billing.

* *The Bill To Address must be a physical address. The billing provider must be a provider of health care services and cannot be a billing service or clearinghouse.*
* *Physicians who want to have their payments sent to different address must use the pay-to address fields.*
* *ZIP codes must be 9 digits.*

|  |  |
| --- | --- |
| Bill To Address | Pay To Address (PO Box Only) |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| City |  | City |  |
| State |  | State |  |
| Zip Code |  | Zip Code |  |
| Phone Number |  | Phone Number |  |
| Mailing Address |  | Mailing Address |  |
| Accounts Payable Contact |
| First Name |  | Email |  |
| Last Name |  | Phone Number |  |

Providers

Instructions:
 Please provide the following information for each rendering provider.

|  |
| --- |
| Provider Information (continued next page) |
| First  | *Ex.Doc* |  |  |  |  |  |  |  |  |
| MI. | *J* |  |  |  |  |  |  |  |  |
| Last | *Doe* |  |  |  |  |  |  |  |  |
| Suffix | *MD* |  |  |  |  |  |  |  |  |
| Specialty/Taxonomy | *Urology* |  |  |  |  |  |  |  |  |
| NPI | *xxxxxxxx* |  |  |  |  |  |  |  |  |
| Medicare PTA | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| RR Medicare PTAN | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| Medicaid Number | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| DEA | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| State License | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| Rendering Address | *123 Anywhere St.* |  |  |  |  |  |  |  |  |
| City | *Indianapolis* |  |  |  |  |  |  |  |  |
| State | *IN* |  |  |  |  |  |  |  |  |
| Zip | *46202* |  |  |  |  |  |  |  |  |
| Practice Phone  | *(317) 555-5555* |  |  |  |  |  |  |  |  |
| Practice Fax | *(317) 555-5555* |  |  |  |  |  |  |  |  |
| PIN (Sign-off ) | *1234* |  |  |  |  |  |  |  |  |

|  |
| --- |
| Provider Information |
| First  | *Ex.Doc* |  |  |  |  |  |  |  |  |
| MI. | *J* |  |  |  |  |  |  |  |  |
| Last | *Doe* |  |  |  |  |  |  |  |  |
| Suffix | *MD* |  |  |  |  |  |  |  |  |
| Specialty/Taxonomy | *Urology* |  |  |  |  |  |  |  |  |
| NPI | *xxxxxxxx* |  |  |  |  |  |  |  |  |
| Medicare PTA | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| RR Medicare PTAN | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| Medicaid Number | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| DEA | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| State License | *Xxxxxxxx* |  |  |  |  |  |  |  |  |
| Rendering Address | *123 Anywhere St.* |  |  |  |  |  |  |  |  |
| City | *Indianapolis* |  |  |  |  |  |  |  |  |
| State | *IN* |  |  |  |  |  |  |  |  |
| Zip | *46202* |  |  |  |  |  |  |  |  |
| Practice Phone  | *(317) 555-5555* |  |  |  |  |  |  |  |  |
| Practice Fax | *(317) 555-5555* |  |  |  |  |  |  |  |  |
| PIN (Sign-off ) | *1234* |  |  |  |  |  |  |  |  |

Schedules *(next 5 pages)*

*Instructions*
Please add the schedule information for each resource. If a resource has different week schedules, please add a line for each weeks' schedule.

|  |  |
| --- | --- |
| Resource:  *Dr. John Doe* | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours | *N/A* | *8AM-4PM* | *8AM-8PM* | *N/A* | *8AM-8PM* | *8AM-4PM* | *N/A* |
| Location |  | *South Office* | *North Office* |  | *South Office* | *North Office* |  |
| Lunch |  | *12PM-1PM* | *12-1PM* | *N/A* | *12PM-1PM* | *12PM-1PM* |  |
| Week 2 (if applicable) |  |  |  |  |  | *2PM-3PM* |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |

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| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |

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| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |

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| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |
| Resource:  | Comments:  |
| Category | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |  |
| Location |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Week 2 (if applicable) |  |  |  |  |  |  |  |

Appointment Types

*Instructions*Please provide a list of appointment types. Add additional rows if necessary.

|  |  |  |
| --- | --- | --- |
| Appointment Types | Duration (minutes) | Associated Resources  |
| *Ex. Follow Up* | *30* | *Dr. John Doe* |
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Users

*Instructions*
Please provide a list of users and indicate appropriate roles of that user within your practice.

|  |  |
| --- | --- |
| Users | Roles (place a ‘X’ under all that apply) |
| First Name | Last Name | E-Mail | Admin | Ancillary Medical Staff | Billing | Front Office | Provider |
| Ex: Doc | Brown | docbrown@doc.com  | X |  |  |  | X |
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 *Users Continued*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | E-Mail | Admin | Ancillary Medical Staff | Billing | Front Office | Provider |
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Locations

*Instructions*
Please fill out the following information for all service locations (clinics, hospitals, nursing homes, off-site, homes, etc.) associated with appointments and claims.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Type | Phone Number | Fax Number | Address | City | State | Zip |
| Ex: Senior Care | Nursing Home | 317-555-5555 | 317-555-5555 | 123 Senior Street | Indianapolis | IN | 46285 |
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Payers

*Instructions*Please fill out the following information for the practice's most common payers. The address column should be the address where claims are sent. Place a 'Y' in the eClaims column if you plan to send claims electronically for this payer. Place a 'Y' in the ERA columns if you would like to receive electronic EOB's.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payer Name | Address | Payer ID | eClaims | ERA |
| Ex: Medicare | PO Box 6160, Indianapolis, IN 46204 | MR041 | N | Y |
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*Payers Continued*

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| --- | --- | --- | --- | --- |
| Payer Name | Address | Payer ID | eClaims | ERA |
| Ex: Medicare | PO Box 6160, Indianapolis, IN 46204 | MR041 | N | Y |
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Documents

*Instructions*
Please provide the following documents to your Project Manager at iSalus Healthcare.

|  |
| --- |
| **Additional Documents** |
| **Billing** |
| Fee Schedule *(CPT or HCPCS code listing with prices)* |
| Superbill *(aka. charge slip, fee ticket, encounter form)* |
| **EMR** |
| Practice logo and/ or letterhead |
| Letters |
| Patient Education Documents |