

# Solutions Medical Billing

8251 New Floyd Rd, Rome, N Y (315)865-4299 fax (315)865-6359

We will need the following info for the Medicare Credentialing:

If you bill under a group name and group tax ID#, but are the sole owner of a corporation, you can obtain a group Medicare PTAN and an individual Medicare PTAN using just the 855I. Please complete the following information only if this applies to you:

Legal Business name of the group: \_\_\_\_\_

EIN/Tax ID number: \_\_\_\_\_

Group NPI (Type II): \_\_\_\_\_

Is group a LLC, PC, Sole Proprietor: Yes \_\_\_\_\_ No \_\_\_\_\_

If Incorporated, need date: \_\_\_\_\_

Date Group became effective (date you want to start seeing MCR pts): \_\_\_\_\_

Has group ever had any adverse legal action taken? Yes \_\_\_\_\_ No \_\_\_\_\_

## **For 855I Individual Provider Application: (for each provider)**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

State of birth: \_\_\_\_\_

SS# : \_\_\_\_\_

Tax ID# (if you use one for billing): \_\_\_\_\_

Name on the Tax ID#: \_\_\_\_\_

Address of practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's Individual NPI # (If they already have one): \_\_\_\_\_

Name of Medical School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

DEA # (if applicable): \_\_\_\_\_

CLIA # (if applicable): \_\_\_\_\_

FDA Mammography Certificate # (if applicable): \_\_\_\_\_

License #: \_\_\_\_\_

License state: \_\_\_\_\_

License eff date & expiration date: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_

Date you will begin (or began) seeing Medicare patients: \_\_\_\_\_

Any adverse legal history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in a resident/fellowship program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Names and addresses of facilities you will be performing services in:

1. Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be using a Billing Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes we need the following 3 items:

1. Name of Billing Service: \_\_\_\_\_

2. Address of Billing Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Tax ID of Billing Service: \_\_\_\_\_

→ Also fax or email a copy of a VOIDED check for bank account that Medicare is to transfer any payments to. (Medicare requires electronic funds transfer for all providers.)

Cost of an individual application is \$175  
Includes one 855I, one 588 EFT, and one 460

**Payment Information:**

Credit Card:

Name on Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Card#: \_\_\_\_\_

MC \_\_\_\_\_ VISA \_\_\_\_\_ AmEx \_\_\_\_\_

Solutions Medical Billing does not track the status of your application. Many carriers will send out a letter stating they have received your application and are working on it. If you have not heard anything, we recommend that you call you Medicare Part B carrier approximately 3 weeks after you mail the application to make sure it was received. We **do follow thru** on all applications if any corrections need to be made. If we receive any correspondence from Medicare regarding your application we will notify you.