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Practice Set Up Form (for a Single Tax ID)

Practice Name _____

Practice Address _____

Practice City, State & Zip _____

Phone Number _____

Fax Number _____

Email Address _____

Practice Tax ID _____

Name of Claim File that you will submit (e.g. Claims.txt or 122405claim.txt) _____

Type of claim file that you are sending check off one

NSF _____ 837 _____ Print Image _____ Other – Describe _____

What do you want your user Web Site ID to be? _____

What do you want your user Web Site password to be? _____

Provider 1 Information

Provider Name _____

Provider Credential (e.g. MD, DC, PHD, etc.) _____

Medicaid Group Number _____

Medicaid Provider Number _____

Medicare Group Number _____

Medicare Provider Number _____

Blue Cross Group Number _____

Blue Cross Provider Number _____

Railroad Medicare Number _____

TriCare / Champus _____

Provider UPIN Number _____

Provider Social Security Number _____

Provider 3 Information

Provider Name _____

Provider Credential (e.g. MD, DC, PHD, etc.) _____

Medicaid Group Number _____

Medicaid Provider Number _____

Medicare Group Number _____

Medicare Provider Number _____

Blue Cross Group Number _____

Blue Cross Provider Number _____

Railroad Medicare Number _____

TriCare / Champus _____

Provider UPIN Number _____

Provider Social Security Number _____

Provider 2 Information

Provider Name _____

Provider Credential (e.g. MD, DC, PHD, etc.) _____

Medicaid Group Number _____

Medicaid Provider Number _____

Medicare Group Number _____

Medicare Provider Number _____

Blue Cross Group Number _____

Blue Cross Provider Number _____

Railroad Medicare Number _____

TriCare / Champus _____

Provider UPIN Number _____

Provider Social Security Number _____

NOTE: If there are more than three providers, please copy this page as often as needed.

By signing this form, you certify that the information above is correct and you hold i-Plexus harmless for any rejections, denials, late payments or non-payments related to this information.

Agreed to By:

Signature _____

Name _____

Title _____

Date _____