Healthcare Billing360 - Client Intake Form:

Health Care Provider Practice Information

Your secure toll free fax number is (330) 319-8130
Please fax all documents. Do not mail.

Practice Name: _____

Street Address: _____

City: _____

State: _____**Zip:**_____

Phone Number : _____

Fax Number : _____

E-mail: _____

Medical Office Type: _____

Federal Tax ID: _____**EIN**_____**SS**___

Provider NPI _____

Group NPI _____

Medicare# _____

Medicaid# _____

Claims are submitted _____daily _____wk_____semi mo____mo__

Names of Insurance Companies you have Credentials with:

_____ _____ _____

_____ _____ _____