



# Provider Information Form

By filling in the following items, we will be able to complete most sections of your provider applications for you. See the bottom of the form for additional information which will be needed in order to complete the application process.

Legal Name	dba Name
Mailing Address	Physical Address
Primary Phone #:	Primary Fax #:

County:	Date of First Billing:
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Tax ID #:	NPI #:	Medicare #:
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EMS License #:	First Issued Date:	Expiration Date:
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## Contacts

Title	Name	Phone	E mail
<sup>1</sup>			
<sup>2</sup>			

<sup>1</sup> Program Director – typically the Medical Services Officer, or the Fire Chief.

<sup>2</sup> Delegated Official – typically the Administrative Assistant or other personnel who works closely with the EMS billing.

## Service Area

City	Zip Code	City	Zip Code

## Required Attachments

Please provide copies of the following:

- EMS License
- Vehicle Registrations
- To verify your legal name and Tax ID number need one of the following:
  - IRS form CP575
  - or
  - Legal Name & Tax ID on IRS letter head
- State Business License

- Bank Account Information
  - On Bank Letterhead
  - Name if Fire District/Department
  - Type of account (Savings, Checking, etc.)
  - Routing & Account numbers
  - Signed by a bank official

**(NOTE: The legal name on the Bank letter and IRS form(s) MUST match exactly!)**