

Prompt Solutions

1717 Park St., Suite 250 Naperville, IL 60563 (888) 897-7667

Provider Profile

Please Fax back to Amy @ 888-897-7667

One per Physician

Physician Name: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Billing Address (If different from above): _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Specialty: _____

Group or Solo Practice: _____ Number of Physicians: _____

Contact Person: _____

Medicare Group Number: _____ PIN Number: _____
(sequence)

Medicare UPIN Number: _____ NPI # _____
(Effective May 2007) Individual

Medicare CLIA Number: _____ NPI # _____
(Laboratory #) (Effective May 2007) Group

Physician Blue Shield Number: _____
Group Number Individual Rendering Prov. #

Physician Dean Health Hmo: _____ Railroad Medicare: _____

Physician Medicaid Number: _____
Group Number if Assigned Individual Rendering Prov. #

Physician Tax ID Number: _____ SSN OR TAX ID
(please circle one)

Email Address: _____

Practice Management Solution: _____