Early Intervention Central Billing Office Insurance Billing Unit
Provider Registration Form

Provider Name:	Physical Therapists Ltd	Date:	8/5/08
Payee Name:	Physical Therapists Ltd		
Billing Address:	1313 Mockingbird Lane, Anytown, IL. 61313		
Email Address:	jsmith@munsters.com	Telephone:	217-555-1212
		Fax Number:	217-555-1313
Tax ID/SSN:	12-3456789	NPI (Rendering):	
State License #:	98-7654321	NPI (Payee):	NPI number of person or business that is to be paid

Discipline(s) registering for:	Physical Therapy

Insurance Company Affiliations:

Insurance Company Name:	Enrollment Status: In-Network/Out-of-Network/Ineligible:	Insurance Provider PIN:	Are you currently sending electronic claims to this insurance carrier? (Yes or No):	For EI-CBO Insurance Billing Unit Use Only:
Blue Cross Blue Shield	In Network	444555	Yes	
Aetna	Out of Network	556677	No	

Are you currently an enrolled Qclaims user with the EI-CBO? (Yes or No):	Yes

PLEASE NOTE: Must have participant ID form approved prior to seeing child.

For EI-CBO Billing Insurance Unit Use Only:

Date Registration Approved:		Date Provider Notified:	
Conditions of Registration Received (Yes or No):		Provider Follow Up Date:	

SAMPLE