



BILLING INFORMATION

*Please attach a copy of the current W-9 form for all billing information changes.

New tax ID number? Yes No

Tax ID number _____
 Billing address _____
 Phone number _____
 Fax number _____
 Contact person _____

NEW OR AN ADDITIONAL OFFICE LOCATIONS

New location Additional location

Site name _____
 Site address _____
 Office manager _____
 Phone number _____
 Fax number _____

Office hours

Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Accepting new patients?
 Yes No
 Age range of patients served:
 Pediatric Geriatric
 All ages Other _____
 Languages spoken _____
 Wheelchair accessible? Yes No

REMOVE AN OFFICE LOCATION

Do you want to remove an office location? Yes No Site name

_____ Site name
 _____ Site address
 _____ Office manager
 _____ Phone number
 _____ Fax number

To add or remove additional office locations, attach a separate sheet.

Signature _____
 Printed name _____
 Contact phone number _____
 Contact phone number _____

Date completed _____
 Date received by Amerigroup _____

For Office Use Only