

Rep ID: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

# Synergy Medical, LLC New Account Info Form

Practice Name: \_\_\_\_\_ EMR: \_\_\_\_\_

Specialty/Type of Practice: \_\_\_\_\_

Practice Address: \_\_\_\_\_

(If multiple locations, complete a separate "New Account Info Form" for each location)

Practice Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

CONTACTS	NAME	EMAIL	PHONE #/EXTENSION
Decision Maker/Practice Manager			
1° Office Contact			
Ins. Billing: <input type="radio"/> Internal <input type="radio"/> External			
Medical Records			
Invoices/Accounting			

### Provider(s) Information:

Provider	Credentials	NPI #	State License #	Assistant/Nurse

How many New Patients does the Practice receive/month = \_\_\_\_\_/month.

How many Patients/week does the Practice see = \_\_\_\_\_/week. What % is musculoskeletal conditions = \_\_\_\_\_%.

#### Practice Breakdown by Insurance Carriers:

PPO \_\_\_% HMO \_\_\_% Medicare \_\_\_% Medicaid \_\_\_% WC/PI \_\_\_% Cash \_\_\_%

Does the Practice have a DMERC Submitter # (CEDI) for Medicare DME/Orthotic billing?  YES  NO

(This is a separate and distinct number from your standard Medicare billing # or your PTAN #. It is given when you enroll as a Medicare DMEPOS Supplier with the National Supplier Clearinghouse [NSC] and after successfully passing a Medicare Onsite DMEPOS Survey/Evaluation.

Please list your DMERC Submitter #, if you have one: \_\_\_\_\_

Does your Practice have Electronic Signature capabilities for the Providers and Staff?  YES  NO

Does your Practice have Electronic Signature capabilities for your Patients?  YES  NO

### FOR OFFICE USE ONLY:

Are all providers listed above PECOS registered?  YES  NO List the names of any who are NOT:
