

Entity Profile



Entity Name

Physical Address

City

State

County

Zip Code + 4

Phone #

Fax #

CEO Name

CEO Email

CEO Phone/Fax

Credentialing Contact

Credentialing Email

Credentialing Phone/Fax

Charge Capture Contact

Charge Capture Email

Charge Capture Phone/Fax

Please include Copies of the Following:

Business License

Expiration Date

NPI Document

Expiration Date

Expiration Date

Expiration Date

Expiration Date

Expiration Date

TAX ID Number

*** Please notify SourceNet Medical Billing Associates, LLC when changes are made to any of the above information during your contract period.**
