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| --- |
| BaseLine New Service Provider Setup  |
| Company Information |
| Legal Company Name: | Date: |
| DBA: (to appear in selection drop down) | Tax Id: |
| Main Phone/Ext: | Main Fax: | Main E-mail: |
| Physical Address: |
| City: | State: | ZIP Code: |
| Billing Address: |
| City: | State: | ZIP Code: |
| Intake/ Customer Service Phone: | Order Intake or Customer Service Email: | Order Intake Fax: |
| Website URL: |
| configuration Information |
| Transaction Fee: $6.00 per transaction.Services Provided: |
| [ ] Physical Medicine[ ] Diagnostics[ ] Pharmacy[ ] Home Health[ ] Home Infusion[ ] Complex care | [ ] Durable Med. Equip.[ ] O&P[ ] Medical Supplies[ ] Dental[ ] Transportation[ ] Translation | [ ] Copy Services[ ] MSA’s[ ] Home/Vehicle Modifications[ ] Utilization Review[ ] Nurse Case Management[ ] Other (Please list): |
|  |
| [ ] Web Portal | New order notification Email (Production): |
| [ ] Web Services | New order notification Email (Test): |

|  |
| --- |
| Primary contact |
| Name: | Title: |
| Phone: | Email: |
| operations contact (If Different than Primary) |
| Name: | Title: |
| Phone: | Email: |
| Billing Contact (If Different than Primary) |
| Name: | Title: |
| Phone: | Email: |
| IT contact (If Different than Primary) |
| Name: | Title: |
| Phone: | Email: |
| emergency (System) contact (If Different than Primary) |
| Name: | Title: |
| Phone: | Email: |

Portal Access

If accessing orders via the Baseline Portal, please provide the following information for each user that will be logging into the system. Add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Office Email | Office Phone |
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