|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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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