

# NeuroDiagnostic

## OFFICE LOCATION APPLICATION

### I. OFFICE INFORMATION

**Office Information:** *Please complete a separate application for each office.*

Office Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax I.D. No: \_\_\_\_\_ Web Site Address: **www.** \_\_\_\_\_

Office Manager Name: \_\_\_\_\_ Phone & ext. \_\_\_\_\_ e-mail: \_\_\_\_\_

Scheduling Mgr. Name: \_\_\_\_\_ Phone & ext. \_\_\_\_\_ e-mail: \_\_\_\_\_

Claims Manager Name: \_\_\_\_\_ Phone & ext. \_\_\_\_\_ e-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone & ext. \_\_\_\_\_ e-mail: \_\_\_\_\_

#### **Mailing Address** (if different than above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Billing Address** (if different than above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Business Phone: \_\_\_\_\_ Billing Business Fax: \_\_\_\_\_

Billing Manager: \_\_\_\_\_ ext. \_\_\_\_\_ email: \_\_\_\_\_

Practice Management Billing System Used: \_\_\_\_\_

### II. SERVICES

**Services:** *Please check all that apply...*

Do you provide transportation for patients to your facility?  Yes  No

EMG  EEG  NCV  SSEP  H Reflex  Other \_\_\_\_\_

Do you provide Sedation?  Yes  No Notes: \_\_\_\_\_

### III. OFFICE HOURS

#### Office Hours

Monday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Tuesday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wednesday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Thursday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Friday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Saturday: From: \_\_\_\_\_ To: \_\_\_\_\_  
Sunday: From: \_\_\_\_\_ To: \_\_\_\_\_

### IV. EQUIPMENT

#### Equipment Utilized at this Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please remember to include copies of the following documents with your completed application.***

Office's Certificate of General Liability Insurance  Copy of W-9 Form

*Please return this form to:*

**MedCheck Credentialing Services, LLC**  
Two Ridgedale Ave, Suite A-10, Cedar Knolls, NJ 07927