



**Billing information**Please attach a copy of the current *W-9 Form* for all billing information changes.New tax ID number?  Yes  No

Tax ID number \_\_\_\_\_

Billing address \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Contact person \_\_\_\_\_

**New or an additional office location** New location  Additional location

Site name \_\_\_\_\_

Site address \_\_\_\_\_

Office manager \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

**Office hours**

Monday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Tuesday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Wednesday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Thursday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Friday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Saturday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Sunday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**Accepting new patients?** Yes  No

Age range of patients served:

 Pediatric  Geriatric All ages  Other \_\_\_\_\_

Languages spoken \_\_\_\_\_

Wheelchair accessible?  Yes  No**Remove an office location**Do you want to remove an office location?  Yes  No

Site name \_\_\_\_\_

Site address \_\_\_\_\_

Office manager \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

**To add or remove additional office locations, attach a separate sheet.**

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Contact phone number \_\_\_\_\_

Date completed \_\_\_\_\_

Date received by Amerigroup \_\_\_\_\_

*For office use only*