Savant Medical Billing

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Behavioral Health Provider Intake Form

Business Name (DBA):_____

Provider Full Name: _____Credential:_____

TAX ID:_____ EIN: _____

Individual NPI:_____ Business NPI: _____

Business License #: _____ State License #: _____

Business Phone: _____ Fax: _____

Email: _____ Web-site: _____

Primary mailing address for payments:

_____

City, State and Zip: _____

1. Place of service business address:

_____

City, State and Zip: _____

2. Place of service business address:

_____

City, State and Zip: _____

Insurance Identifiers:

CAHQ ID: _____ BCBS OAID: _____

Medicare Provider ID: _____ Medicaid Provider ID: _____ (OR/WA)

Labor and Industries Provider ID: _____

Any other special Identifiers: _____

Web-site access to insurance carriers:

1. **Availity** - Provider agrees to grant **User name: SavantMB** access to their Availity account.
2. **Office Ally** - If you already have an account have our security administrator create a login for Savant Medical Billing, Susanne Noga. Email to: savantmedicalbilling@gmail.com,
   If you don't already have an account we will get one set-up for you, if needed.
3. **Onehealthport** – SMB will nominate you as a subscriber under parent account.
4. **NaviNet** – User name: _____ PW:_____
5. **OPTUM** - User name: _____ PW:_____
6. **Other Programs** – Provide SMB with and other usernames and passwords that will be need to coordinate billing services for your practice in the area below here.

Program: _____ Web: _____

User name: _____ PW: _____

Program: _____ Web: _____

User name: _____ PW: _____

Program: _____ Web:_____

User name: _____ PW: _____

I _____, herby authorize Savant Medical Billing (SMB) to process claims, set-up clearinghouse and web-site access to gather insurance and government agency information on my behalf relating to the normal course of business to process claims, collect fees and manage patient accounts.

_____ _____

Client Signature Date

Medical Insurance

✓ Check mark all carriers you are in network with, does this apply to all providers in your office? If not, have each provider complete this form.

	Aetna		Lifewise WA
	ASHN		Medicare
	BCBS		Medicaid Oregon
	BCBS FED		Medicaid Washington
	Beacon		Megellan Behavioral Health
	CHP		MHN
	CHPW		Molina
	Coordinated Health Care		ODS/ MODA
	Cigna Behavioral Health		OPTUM (UBH)
	Coventry Health		PacificSource
	EBMS		Premera Blue Cross
	First Choice Health		Providence Preferred PPO
	Health Net		Providence Health Plan
	Heathway's		Regence Oregon (Local)
	HMA		Regence Group Administrators
	Humana		Tri-Care Military
	ILWU Local 21		UMR
	Kaiser Permanente		United Health Care
	KPS		United Health Care Medicare Advantage
	Lifewise OR		Value Options
			Zenith Administrators

Anything else SMB needs to know about your practice affiliations, or special considerations?

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