

Savant Medical Billing

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Massage Therapist Intake Form

Business Name (DBA):	_____		
Provider Full Name:	_____		
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: _____

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		
	ASHN		
	BCBS		
	BCBS FED		
	CHP/Kaiser		
	Coordinated Health Care		
	Cigna		
	Coventry Health		
	EBMS		
	First Choice Health		
	Health Net		
	Heathway's		
	HMA		
	Humana		
	ILWU Local 21		
	KPS		
	Lifewise OR		
	Lifewise WA		
	Managed Health Network		
	ODS/ MODA		
	OPTUM		
	PacificSource		
	Premera Blue Cross		
	Providence Preferred PPO		
	Providence Health Plan		
	Regence Oregon (Local)		
	Regence Group Administrators		
	United Health Care		
	Zenith Administrators		



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