

ABS CLIENT DATA

PROVIDER NAME:			
GROUP OR D/B/A NAME:			
NAME AS ON FILE WITH IRS:			
TIN/EIN:			
SSN:			
INDIVIDUAL NPI:			
BILLING/GROUP NPI:			
TAXONOMY CODE(S):			
LICENSE # AND STATE:			
DOB:			
CAQH ID:		USER NAME:	
		PASSWORD:	
PRIMARY OFFICE INFO:			
<i>PHYSICAL ADDRESS:</i>		<i>PHONE:</i>	
		<i>FAX:</i>	
<i>MAILING ADDRESS:</i>		<i>CELL:</i>	
		<i>E-MAIL:</i>	
		<i>OFFICE CONTACT:</i>	
		<i>OFFICE HOURS:</i>	
SECONDARY OFFICE INFO:			
<i>PHYSICAL ADDRESS:</i>		<i>PHONE:</i>	
		<i>FAX:</i>	
<i>MAILING ADDRESS:</i>		<i>CELL:</i>	
		<i>E-MAIL:</i>	
		<i>OFFICE CONTACT:</i>	
		<i>OFFICE HOURS:</i>	
Additional Information:			

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NETWORK PARTICIPATION:		
NAME	PARTICIPATING (YES OR NO)/EFFECTIVE DATE IF KNOWN	NOTES/COMMENTS
AETNA BEHAVIORAL		
AMERCHOICE TENNCARE		
ANTHEM HEALTHKEEPERS HMO		
BC/BS PPO		
BEECH STREET		
BLUECARE/TENNCARE SELECT		
CEREDIAN EAP		
CHOICE CARE		
CIGNA BEHAVIORAL HEALTH		
COMPSYCH EAP		
COVENTRY <i>(formerly First Health)</i>		
GEHA/PRIME		
HIGHLANDS WELLMONT		
HORIZON HEALTH		
INITIAL GROUP		
LIFESYNCH <i>(formerly Cariten and Humana)</i>		
MAGELLAN M/C		
MAGELLAN EAP		
MAMSI <i>(now through UBH)</i>		
MANAGED HEALTH NETWORK (MHN)		
MEDCOST		
MEDICARE		
MEDICARE - RAILROAD		
MEDICARE UPIN <i>(if applicable)</i>		
MEDICAID		
MHNET		
MOUNTAIN STATES PSYCHIATRY		
ONENET PPO <i>(formerly Alliance)</i>		
OPTIMA HMO		
OPTIMA PPO		

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PATIENT CONTACT PREFERENCES			
<p>ABS can contact your patients directly for missing information required to file an insurance claim. This practice reduces the amount of time a claim is on hold and makes it easier on our clients. There is no charge for this service; however, if you would prefer that ABS did not contact your patients directly, please indicate below.</p>			
Initial here _____	I do not wish for ABS to contact my patients for missing information. Please notify me directly and hold the claim until I send you the information requested.		
<p>Insurance carriers often deny claims based on coordination of benefits or pre-existing information needed from the patient. When this occurs, ABS can send an intervention letter to your patients requesting that they contact our office or their insurance company regarding their insurance denials. There is a charge of \$3.00 for this service.</p>			
Initial here _____	When patient intervention is required, I would like ABS to automatically mail the appropriate request to my patient .		
Initial here _____	When patient intervention is required, please send me a copy of the letter and I will notify the patient.		
<p>ABS will handle your delinquent patient accounts and place them with Frost-Arnett out of Nashville, TN. An account is considered delinquent when the patient is inactive and no payment has been made in 60 days. Because of the contract we have with FA, we cannot make any effort to pursue a delinquent account; however, we have worked with FA since 2006 and they have the best collection rate of any agency we have worked with. We can automatically process your delinquent accounts if you choose.</p>			
Initial here _____	Please pursue delinquent accounts automatically on my behalf.		
Initial here _____	Please notify me when an account become delinquent. Once an account exceeds 60 days, I will resume collection efforts.		