

Application Preparation Guide

Helpful information to complete your application

- Company Name
- Federal Tax ID (EIN)
- Company Physical and Mailing Addresses
- Contact information including phone, fax, and email for your organization and those assigned roles (all roles must be assigned):
 1. CEO
 2. Accreditation Contact
 3. Financial Officer
 4. Identify who will be signing the service agreement
- Days and hours of operation (will be utilized for survey scheduling once readiness submitted)
- National Provider Identifier (NPI)
- CCN (*if applicable or click 'Pending' if achieving Medicare Certification*)
- Medicaid Number (*if applicable or click 'Pending' if achieving Medicare Certification*)
- Applicable Service/Business License (*if applicable by state*)
- Unduplicated Admissions in the last 12 months (*each unique patient is considered as 1 admission*)
- Total Active Patients
- FOR DMEPOS Providers - scope of service definition and product categories

