



Peace of Mind Billing LLC

NEW PROVIDER INFORMATION FORM
PEACE OF MIND BILLING LLC

NAME: _____ PHONE #: _____

CELL: _____ FAX: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TAX ID #: _____ NPI #: _____

GROUP TAX ID: _____ GROUP NPI#: _____

MEDICARE PTAN#: _____ MEDICAID ID #: _____

CAQH ID #: _____ LOGIN: _____ PSSWD: _____

DATE OF BIRTH: _____ SS# _____ EMAIL: _____

LICENSE #: _____ CREDENTIALS: LPC LCSW PHD PSYD MA MD LPN

TAXONOMY CODE: _____

PLEASE CHECK OFF ALL INSURANCE'S YOU ARE IN NETWORK WITH: C=CREDENTIAL ME

AETNA CIGNA BLUE CROSS UBH VALUE OPTIONS MEDICARE

MEDICAID AMERIGROUP CENPATICO WELLCARE (MEDICAID)

PHCS TRIEAST HUMANA REG HUMANA GOLD (MEDICARE)

GEHA ANTHEM BLUE CROSS BEECHSTREET BEHAVIORAL HEALTH SYSTEMS

CAMERON & ASSOCIATES COVENTRY GHI MAGELLAN UNITED HC

DO YOU TAKE EAP'S? YES NO USE ADDITIONAL SHEETS FOR MORE INSURANCE COMPANIES

PLEASE PROVIDE US WITH YOUR LOGINS AND PASSWORDS FOR ANY INSURANCE WEBSITES YOU ARE
ALREADY SET UP WITH.