Leclerc Group Accounting & Payroll
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phone: 207.798.6800
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Provider Information

Your Name: _____ Designation(s):_____

Legal Business Name: _____ DBA:_____

Type of Entity (Circle One): Sole Proprietor Corporation S-Corp LLC Partnership Other:_____

Phone:_____ Fax:_____ Cell:_____ Home:_____

Practice Address:_____

Billing/Correspondence Address:_____

Email:_____ Website:_____

Preferred Contact Method:_____ How did you hear about us?_____

Approximately how many patients do you see per week?_____

Do we have permission to submit electronic claims and related documents on your behalf? Yes No

Would you like to send us your EOB's so that we can verify claim payments? _____

Would you like us to track co-pays/deductibles and send statements to your patients? _____

Would you like us to receive and deposit insurance and/or patient payments for you? _____

Would you like us to track and process your CAQH credentialing/attestation? _____

Would you like us to obtain and track authorizations for you? _____

*** Please remember that you are responsible for obtaining the initial authorization for each patient ***

Federal Tax ID #:_____

Individual NPI #:_____

Organizational NPI #:_____

Medicare #:_____

MaineCare #:_____

CAQH #:_____

CAQH User/Password:_____

License #:_____

DOB:_____

What are your fees for the following CPT codes?

90791:_____

90834:_____

90837:_____

90846:_____

90847:_____

90853:_____

E/M Codes:_____

Add-On Codes:_____

Please list all types of insurance that you accept: