

PROVIDER IDENTIFICATION MATRIX

Clinic Name: _____
 Address: _____
 City: _____
 County: _____ State: _____ Zip: _____
 Phone () _____ FAX # () _____

Check writing address (if different)
 Address: _____
 City: _____
 State: _____ Zip: _____

Physician/Supplier Name: _____
 Physicians only: Sole Practice _____ Group Practice _____ (Please check one)

Billing Service: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ FAX# () _____

*****PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO GIVE US CORRECT #'S AND COORDINATE CHANGES WITH PAYORS*****

ET&T Acct#: _____
 Medicare ID: _____
 Upin: _____ Pin: _____
 Medicaid ID: _____
 Pin: _____
 BC/BS: _____
 Pin: _____
 Champus/VA: _____
 R.R. Medicare: _____
 EIN/Tax ID#: _____
 SSN: _____

Other: _____

Payor Name: _____ ID# _____ If more than three - please attach list.
 Payor Name: _____ ID#: _____
 Payor Name: _____ ID# _____

OTHER INFORMATION:

Provider Specialty: _____ Specialty Lic #: _____ State Lic #: _____
 CLIA #: _____ Dentist Lic. #: _____ Anesthesia Lic #: _____

Your printer type(please check one): Dot Matrix _____ Laser _____ Ink Jet _____

Box 27: Medicare Participating Provider Assignment Y or N (Circle one)

DO YOU WANT ET&T TO PRINT YOUR PAPER CLAIMS : Y or N (circle one)

Billing Services: There is a \$10.00 paperwork fee each doctor: Check enclosed: _____ Charge my account _____
 (Fee waived for first year)

Please send completed matrix and signed carrier forms to our enrollment dept: _____

ET&T Corp. (use street address for express mail) Phone: 760-955-1788
 P.O. Box 1343 12402 Industrial Blvd., Ste A1 FAX: 760-955-1789
 Victorville, CA 92393 Victorville, CA 92392 (provider matrix may be faxed) rev 1/27/99

	FOR USE BY ET&T ONLY		
	Forms to payor	Ready to transmit	Comments
Medicare ID: _____	_____	_____	
Upin: _____ Pin: _____	_____	_____	
Medicaid ID: _____	_____	_____	
Pin: _____	_____	_____	
BC/BS: _____	_____	_____	
Pin: _____	_____	_____	
Champus/VA: _____	_____	_____	
R.R. Medicare: _____	_____	_____	
EIN/Tax ID#: _____	_____	_____	
SSN: _____	_____	_____	