



# LPL Medical Billing Services

*The Mental Health Claims Processing Firm for "Peace of Mind"*

## NEW PROVIDER FORM

### PROVIDER INFORMATION:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

### Billing Address (Office location):

Address: \_\_\_\_\_ Phone: (H) (W) (C) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (for correspondence, EOB's, etc.):  Same as above

Address: \_\_\_\_\_ Phone: (H) (W) (C) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax-ID Number: *Please mark one:*  SSN  EIN \_\_\_\_\_ NPI: \_\_\_\_\_

### Size of Practice (please mark one):

- Less than 100 patients
- 100-250 patients
- 250-1500 patients
- 1500+