

## Vendor Information Form

<b>Provider Name</b>	
Physical Address	
City, State, Zip, County	
Telephone number	
Toll-Free number	
Fax number	
<b>Remit/Billing Address</b>	
Remit City, State, Zip	
Remit telephone number	
<b>Billing contact name</b>	
Telephone	
Fax	
Email	
<b>Specialty / Product description</b>	
<b>General liability company name/ Exp date and policy number</b>	
<b>Medicare Number</b>	
<b>Medicaid Number</b>	
<b>NPI Number</b>	
<b>Tax Id Number (TID)</b>	
<b>License Number</b>	
Effective date	
Expiration date	
<b>Referral contact name</b>	
Telephone	
Fax	
Email	
<b>Marketing contact name</b>	
Telephone	
Fax	
Email	
<b>Administrator</b>	
Telephone	
Fax	
Email	
<b>Web Address</b>	