

# PRACTICE DEFENDERS ~ ELIGIBILITY VERIFICATION ENROLLMENT

6630 34th Avenue North, St. Petersburg, FL 33710

P.O. Box 48023, St. Petersburg, FL 33743-8023

## Getting Started Information Sheet

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Group Legal Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Individual PTAN: \_\_\_\_\_ Group PTAN: \_\_\_\_\_

Billing Tax ID Number: \_\_\_\_\_

Do you accept BCBS? YES NO If so, Florida Blue Provider ID: \_\_\_\_\_

Primary Practice Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Practice contact for eligibility and billing: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Contact email: \_\_\_\_\_

Please complete and fax to 855-552-3776

Name of Rep: \_\_\_\_\_ Phone #: \_\_\_\_\_