

**1333 W 120th Avenue**

**Westminster, CO 80234**

**877-320-1692**

**Your patient’s direct number to PRS:**

Click or tap here to enter text.

**Your direct email to your PRS Billing Team:**

Click or tap here to enter text.

**Mark Painter – CEO**

[**Markp@prsdata.com**](mailto:Markp@prsdata.com) **- Email**

**(303) 339-8253 – Direct Number**

**(303) 618-0173 – Cell Phone**

**Marianne DeSciose – Director of Billing and Operations**

[**Marianne@prsdata.com**](mailto:Marianne@prsdata.com) **- Email**

**(303) 339-9253 – Direct Number**

**Monique Risley – Account Lead (EXAMPLE ONLY) \*\* ADD ACCT & TEAM LEAD – (GET NUMBERS FROM NEXTIVA!)**

[**Monique@prsdata.com**](mailto:Monique@prsdata.com) **- Email**

**(303) 339-6291 – Direct Number**

**Amanda Cwik – Data Entry Supervisor \*\*AMANDA ALWAYS ON - DELETE THIS NOTE!**

[**Amandac@prsdata.com**](mailto:Amandac@prsdata.com) **-Email**

**Account Manager – TBD**



**Please provide PRS with the following information:**

¨ Copy of a W-9 from for your practice

¨ List of usernames and passwords for any insurance payer sites you currently utilize (form attached)

¨ Copy of your office superbill, ASC superbill, oncology superbill, and hospital superbill

¨ An example of your month end reporting package

|  |  |
| --- | --- |
| Practice Name: Practice Name | Organization Type: Choose an item. |
| Practice Address: Practice Address | |
| Phone Number: Phone Number | Fax Number: Fax Number |
|  |  |
| Practice Manager: Practice Manager | Practice Manager Email: Practice Manager Email |
| Practice Manager Phone Number: Practice Manager Phone Number | |
|  |  |
| Group Tax ID: Group Tax ID | Group NPI Number: Group NPI Number |
|  |  |
| Accounting Contact: Accounting Contact | Accounting Phone Number: Acct Phone Number |
|  |  |
| IT Company: IT Company | Phone Number: IT Phone Number |
|  |  |
| Insurance Pay-To Address: Insurance Pay to Address | |
| Patient Payment Pay-To Address: Patient Pay to Address | |

**Please list your Providers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Name:** | **Suffix** | **Individual NPI:** | **Individual PTAN:** | **Email:** | **Phone Number:** |
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| **Provider Name:** | **Suffix** | **Individual NPI:** | **Individual PTAN:** | **Email:** | **Phone Number:** |
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**Please list your administrators and office staff in RCM related positions:**

Please include all management and supervisory personnel along with key individuals that will be contact points related to revenue cycle management.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Name:** | **Role or Position** | **Practice or Department** | **Email:** | **Phone Number:** |
| Staff Name | Title | Affiliation | Staff Name | Phy Phone Number |
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**MIPS/MACRA information:**

Are you currently using a 3rd party vendor to help reports MIPS/MACRA to Medicare? Yes  No

If yes, which vendor are you currently using? Name of MIPS/MACRA vendor

**Additional Payer Information:**

Medicare Group PTAN: Medicare Group PTAN

Railroad Medicare Group PTAN: Railroad Medicare Group PTAN

Medicaid Provider Number: Medicaid Provider Number

Medicaid Group Number: Medicaid Group Number

**Please list all other Payor assigned numbers that your group or individual providers have:**

|  |  |  |
| --- | --- | --- |
| **Entity or Provider Name:** | **Payor Name** | **Entity Number:** |
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**Please list the insurance carriers you participate with:**

Contact information should include the names (if known) of the provider representative servicing your groups.

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| **Insurance Company Name:** | **Contact Information:** |
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**System Set up: Please list usernames and passwords for your PM/EHR system for the PRS Employees listed below.**

**If you have a web-based system, please include the URL’s below.**

**PM System – URL:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **PRS Employee’s Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |
| Martina Juszynski | Username | Initial (Temporary) Password |
| Add TEAM & ACCOUNT LEADS | Username | Initial (Temporary) Password |
| Julia Koenig | Username | Initial (Temporary) Password |
| Philip Maclagen | Username | Initial (Temporary) Password |
| Elana Wlodarchak | Username | Initial (Temporary) Password |
| Amy Willard | Username | Initial (Temporary) Password |
| Venus Chacon | Username | Initial (Temporary) Password |
| Martha Miranda | Username | Initial (Temporary) Password |
| Staff Name | Username | Initial (Temporary) Password |
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**EHR System – URL:** Click or tap here to enter text.

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| **PRS Employee’s Name** | **Username** | **Password** |
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**Clearinghouse – URL:** URL

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| **PRS Employee’s Name** | **Username** | **Password** |
| Staff Name | Username | Initial (Temporary) Password |
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**Statements:**

Are your statements done manually (printed and mailed by your office)? Yes  No

If you do not do them manually, who do you use to mail statements? Name of Statement Vendor

Could you please get us access to your statement vendor for the employees listed below?

URL: URL for statement company

|  |  |  |
| --- | --- | --- |
| **PRS Employees Name** | **Username** | **Password** |
| Team Lead | Username | Initial (Temporary) Password |
| Account Lead | Username | Initial (Temporary) Password |
| PRS Employees Name | Username | Initial (Temporary) Password |
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| PRS Employees Name | Username | Initial (Temporary) Password |

**Collection Agency:**

Do you have a collection agency that you are currently using? Yes  No

If yes, what is the name and contact information of the collection agency? Collection Agency

**Hospital Access:**

**Please list the Facilities where providers may perform services:**

Please provide credentials for access to the facilities clinical documentation system. Please send all required forms to be completed by PRS and their employees in order to obtain access to hospital systems.

|  |  |
| --- | --- |
| **Facility Name:** | **Contact Information** |
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**Primary Bank Account Access:**

Bank Name: Bank Name

Bank Website Address: Bank Name

Do you have a lockbox? Yes  No

|  |  |  |
| --- | --- | --- |
| **PRS Employee’s Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |

**Secondary Bank Account Access:**

Bank Name: Bank Name

Bank Website Address: Bank Name

Do you have a lockbox? Yes  No

|  |  |  |
| --- | --- | --- |
| **PRS Employee’s Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |

**Tertiary Bank Account Access:**

Bank Name: Bank Name

Bank Website Address: Bank Name

Do you have a lockbox? Yes  No

|  |  |  |
| --- | --- | --- |
| **PRS Employee’s Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |

**Primary Credit Card Processing Account:**

Credit Card Website: Bank Name

|  |  |  |
| --- | --- | --- |
| **PRS Employees Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |

**Secondary Credit Card Processing:**

Credit Card Website: Bank Name

|  |  |  |
| --- | --- | --- |
| **PRS Employees Name** | **Username** | **Password** |
| Amanda Cwik | Username | Initial (Temporary) Password |
| Marianne DeSciose | Username | Initial (Temporary) Password |

**As a part of your contract, you get access to CodingToday.**

If you have an existing subscription to CodingToday, please list the email it is attached to: Email

If you do not have an existing subscription, please list the names and email address of who you would like to have a subscription.

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**Payor Website Access:**

**Please list the Insurance Websites and provide us with credentials to access:**

Please provide credentials for access to your Payer websites. Please send all required forms to be completed by PRS and their employees in order to obtain access to Payer systems.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Payer Name** | **URL** | **Username** | **Password** | **Security Answers** | **Additional Info** |
| Payer Name | site address | Username | Password | Password | Click or tap here to enter text. |
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| Payer Name | site address | Username | Password | Password | Click or tap here to enter text. |
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Additional Billing Information: Additional Information



**Automatic Payment Authorization Form**

Please complete and sign the below information. Thank you for your business.

**Electronic EFT Payment**

\*\*Please attach copy of voided check

**Bank Routing Number**

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**Account Number**

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I authorize PRS LLC to process my monthly invoice via EFT electronic payment on the account provided above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_