## Current Billing Profile

| In-House : | | Billing Software | |
|---|---|---|---|
| OutSource : | | Company | |
| | | Contract Duration | |

Is Medenet authorized to contact the previous billing company? ⚪ Yes ⚪ No

| | Contact Name | |
|---|---|---|
| | Contat Tel # | |
| | Other | |

**Contracting**

| Who does your contracting / Credentialing ? | |
|---|---|

If you are not a provider with an Insurance Company, Would you like us to initiate the Credentialing process ? ⚪ Yes ⚪ No

| Medenet to do Credentialing ? | ⚪ Yes ⚪ No |
|---|---|
| Medenet to do Contracting ? | ⚪ Yes ⚪ No |
| Medenet to do Negotiating ? | ⚪ Yes ⚪ No |
| Comments | |
| Medenet Employee handling above | |
| Hospital based groups : Hospital Name(s) | |

| Do you do diagnostic procedures ? | ⚪ Yes ⚪ No | Do you OWN the equipment ? ⚪ Yes ⚪ No |
|---|---|---|
| Do you have the lab equipment in your office ? | ⚪ Yes ⚪ No | |
| What labs do you perform (CPT's) | | |

**Miscellaneous**

| Are there any consultants working for you ? | ⚪ Yes ⚪ No |
|---|---|
| Details | |
| Contact Te# | |
| Forms Completed by | Date |

**Important**: Save the completed PDF form (use menu File - Save).