
PSI PROVIDER PROFILE

To avoid processing delays and additional admin charges, you must include your Medicare enrollment letter *and* the 1st page of a Medicare EOB

Fax to 888-202-2140 (do not email)

Company Name: _____

Group/Company NPI#: _____

Specialty/Taxonomy Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code + 4: _____ - _____

PO Box if used: _____

City: _____ State: _____ Zip Code + 4: _____ - _____

Primary email address: _____

Telephone: _____ Fax: _____

Staff responsible for claims submission: _____

Submitting as: GROUP OR INDIVIDUAL (CIRCLE ONE)

Number of Providers: _____

Medicare PTAN: _____ Railroad Medicare PTAN: _____

Federal Tax ID Number: _____ SSN OR TAX ID
(Please circle one)

Individual Provider NPI

Individual Provider Name

Individual Provider NPI

Individual Provider Name

Individual Provider NPI

Individual Provider Name

PSI Office Use: _____
INT_BILNO
