



Assisted Living On-Site Care

## New Customer Set-Up Form

**Please provide the following information:**

1. What is the legal name of the Community: \_\_\_\_\_

2. What is your NPI Number: \_\_\_\_\_

3. What is your Tax ID Number: \_\_\_\_\_

4. Executive Director/Administrator: \_\_\_\_\_

5. Resident Care Coordinator/DON: \_\_\_\_\_

6. Office Manager: \_\_\_\_\_

7. Physical Address: \_\_\_\_\_

\_\_\_\_\_

8. Telephone: \_\_\_\_\_ Alt: Number: \_\_\_\_\_

9. Fax: \_\_\_\_\_

10. Additional Information: \_\_\_\_\_

\_\_\_\_\_

**BPUC**  
PO Box 2268  
Hickory, NC 28603  
(828) 855-1192 (O)  
(828) 358-0832 (F)

*For additional copies of this form, please visit [www.bowenmd.com/Signing-up](http://www.bowenmd.com/Signing-up)*