

Business Information (Business Name)		
Therapist:		Include copies of:
Social Security #:		License
Date of Birth:		Diploma
Business Address:		Insurance
Owner(s) (if Different than Therapist):		
Social Security #:		
Date of Birth:		
Percent of Ownership per Owner:		
(Example Jo 33, Sam 34, AJ 33)		
Business Phone:		
Business Fax:		
Business Email:		
Business Hours:		
Articles of Organization	Execution Date	
IRS	Tax Identification # (TIN):	
Taxonomy		

Licenses & Credentials: LSCSW etc.		
State License:	Credentials	Degree
	License #	College
	Expires	Grad date
	Issue Date:	

Business Insurance		
Malpractice Insurance: (Company names)	Policy Number:	
	Per Claim	
	Aggregate Limit	
	Effective Date	
	Expiration Date	

Insurance Systems		
NPI (Type1)		
CAQH ID #		
If ID # unknown I will need login ID &	ProView Username:	
Password	ProView Password	
	Security Questions:	
NPI (Type 2) (If Group)		
NPPES Logins:		
(Needed for Medicare only)		
Electronic Medical Record System (if any)		
Medicaid # and State		
Medicare # and State		