

Provider Listing Form

To expedite your enrollment, this form must accompany every agreement submitted to ProxyMed.

Information from the Client and Provider sections are used by ProxyMed to clearly identify and link the correct Client, Tax ID and Payer agreement.

Mailing Address:

Enrollment Department ProxyMed, Inc. 1854 Shackleford Court, #200 Norcross, GA. 30093 Phone: (800) 792-5256 x 812 Fax: (770) 885-4559

Client Informat These are entities that s	_	ms to ProxyMed. Include	es Billing Services, Medi	cal Group	s or ind	lividual providers	. This	section	must be c	ompleted.				
ProxyMed Client Name: ProxyMed Client/User ID^ (Existing Clients):														
Contac	ct Name	:			Phone Number:			Fax			Fax	Number:		
Drovidor Information Complete and form for each Tay ID					Tay I	ID Number:		Tax ID Type: ☐ EIN ☐ SSN						
Provider Information - Complete one form for each Tax ID														
These are entities that <i>create</i> claims. Includes Medical Groups or individual providers. This must be completed for each Tax ID.														
Provider/Group Name:							-							
Contact N	lame:					Phone Num	ber:					Specialty (ode (See List)	:
Address:					Fax Num		ber:							
City:					State:						Zip:			
Please indicate wh		, , ,	plan to bill through I	ProxyMe	ed. If	in a group ple	ease i	nclude	the grou	p number.				
Payer	Payer State		Group Number			Pay	er	er State			Group Number			
☐ Blue Shield						Medicare								
☐ Blue Cross						Medicaid								
☐ DMERC						CHAMPUS] CHAMPUS			☐ Railroad Medicare				
For those payers that do not have group numbers, please enter the individual provider numbers below in rendering information														
Rendering Provider Information: If you need additional space please make a copy and attach.														
First Name	First Name M		SubID/Prov. Code*	S	SN	Medicaio	i #	License/UPIN		Blue Shie	eld#	Railroad Medicar	# Medicare #	

[^] If you do not know your ProxyMed Client ID, please contact ProxyMed at (800) 792-5256, option 812.

^{*} Note: The SubID/Provider Code is a 4-6 digit number which identifies each physician (Example 0001-0002, etc.)

PROXYMED, INC. PROVIDER SPECIALTY CODE

ADDICTION MEDICINE	079	NEUROPSYCHIATRY	086
ALLERGY/ IMMUNOLOGY	003	NEUROSURGERY	014
ANESTHESIOLOGY	005	NUCLEAR MEDICINE	036
AUDIOLOGY	064	NURSE PRACTITIONER	050
CARDIAC SURGERY	078	OBSTETRICS (OSTEOPATHS ONLY)	015
CARDIOLOGY	006	OBSTETRICS (OSTEOLATIIS ONE I) OBSTETRICS/ GYNECOLOGY	016
CERTIFIED CLINICAL NURSE SPEC.	089	OCCUPATIONAL THERAPY	067
CERTIFIED NURSE MIDWIFE	042	OCCUPATIONAL THERAPY, GPPP	074
CERTIFIED REGISTERED NURSE	042	ONCOLOGY	083
ANESTHETIST	043	OPTHALMOLOGY	018
CHIROPRACTIC	035	OPTHALMOLOGY/ OTOLARYNGOLOGY	017
CLINICAL PSYCHOLOGIST	068	OPTOMETRY	041
COLORECTAL SURGERY	028	ORAL SURGERY (DENTISTS ONLY)	019
CRITICAL CARE (INTENSIVISTS)	081	ORTHOPAEDIC SURGERY	020
CRNA, ANESTHESIA ASSISTANT	043	OSTEOPATHIC MANIPULATIVE THERAPY	
DERMATOLOGY	007	OTHER MEDICAL CARE, GPPP	075
DIAGNOSTIC RADIOLOGY	030	OTOLARYNGOLOGY	004
DIAGNOSTIC LABORATORY, GPPP	072	PA GROUPS	070
DIAGNOSTIC Z-RAY, GPPP	071	PATHOLOGIC ANATOMY; CLINICAL	021
DURABLE MEDICAL EQUIPMENT	054	PATHOLOGY PATHOLOGY	022
EMERGENCY MEDICINE	093	PEDIATRIC MEDICINE	037
ENDOCRINOLOGY	046	PERIPHERAL VASCULAR DISEASE	076
FAMILY PRACTICE	008	PERIPHERAL VASCULAR DISEASE	070
GASTROENTEROLOGY	010	MEDICAL OR SURGICAL	023
GENERAL PRACTICE	001	PHYSICIAN'S ASSISTANT	097
GENERAL SURGERY	002	PHYSICAL MEDICINE & REHAB.	025
GERIATRIC MEDICINE	038	PHYSICAL THERAPY	065
GYNECOLOGICAL ONCOLOGY	098	PHYSIOTHERAPY, GPPP	073
GYNECOLOGY (OSTEOPATHS ONLY)	009	PLASTIC & RECONSTRUCTIVE SURGERY	
HAND SURGERY	040	PODIATRY	048
HEMATOLOGY	082	PREVENTATIVE MEDICINE	084
HEMATOLOGY/ ONCOLOGY	083	PSYCHOLOGY	062
INDEPENDENT- BILLING AUDIOLOGIST	064	PSYCHIATRY	026
INDEPENDENT- BILLING PSYCHOLOGIST		PSYCHIATRY/ NEUROLOGY	027
INDEPENDENT CLINICAL LAB	069	PULMONARY DISEASE	029
INDEPENDENT- PRACTICING		RADIATION ONCOLOGY	092
OCCUPATIONAL THERAPIST	067	RADIATION THERAPY (OSTEOPATHS)	032
INDEPENDENT- PRACTICING PHYSICAL		RHEUMATOLOGY	066
THERAPIST	065	ROENTGENOLOGY, RADIOLOGY	031
INFECTIOUS DISEASE	044	SURGICAL ONCOLOGY	091
INTERNAL MEDICINE	011	THORACIC SURGERY	033
INTERVENTIONAL RADIOLOGY	094	UNKNOWN PHYSICIAN SPECIALTY	099
IPL	095	UROLOGY	034
LICENSED CLINICAL SOCIAL WORKER	080	VASCULAR SURGERY	077
MAXILLOFACIAL SURGERY	085		
MEDICAL ONCOLOGY	090		
MEDICAL SUPPLY COMPANY (DME)	054		
MULTISPECIALTY CLINIC/ GROUP	070		
NEPHROLOGY	039		
NEUROLOGY	013		