Application Preparation Guide
Helpful information to complete your application

- Company Name
- Federal Tax ID (EIN)
- Company Physical and Mailing Addresses
- Contact information including phone, fax, and email for your organization and those assigned roles (all roles must be assigned):
  1. CEO
  2. Accreditation Contact
  3. Financial Officer
  4. Identify who will be signing the service agreement
- Days and hours of operation (will be utilized for survey scheduling once readiness submitted)
- National Provider Identifier (NPI)
- CCN (if applicable or click 'Pending' if achieving Medicare Certification)
- Medicaid Number (if applicable or click 'Pending' if achieving Medicare Certification)
- Applicable Service/Business License (if applicable by state)
- Unduplicated Admissions in the last 12 months (each unique patient is considered as 1 admission)
- Total Active Patients
- FOR DMEPOS Providers - scope of service definition and product categories