PrimeWest HEALTH

Non-Contracted Facility Information Form

Facility name (legal) _____
Enter the business name you use to file income to the IRS **(from the first line of the W-9 form)**

Facility DBA name _____
Enter the business name you use to file income to the IRS **(from the second line of the W-9 form)**

Federal tax identification number _____ NPI/UMPI _____

Address information (Form 1099 will be sent to the address indicated on the facility's W-9):

Physical address _____
No PO Boxes
City _____ State _____ Zip _____

Phone # _____ Website address _____

Pay-to address _____
Street address or PO Box
City _____ State _____ Zip _____

Mailing address _____
Street address or PO Box
City _____ State _____ Zip _____

Point of contact for record and compliance requests:

Name _____ Email _____ Phone # _____

Primary financial contact: (authorized to make payment decisions on behalf of the organization):

Name _____ Title _____ Phone # _____

No balance billing the member. By accepting PrimeWest Health payments, you agree to only bill or attempt to collect from the member any unpaid amounts on any remittance indicated as "member responsibility." _____ (initial)

Type of facility (**check all that apply** for the NPI/UMPI listed on this form)

☐ Laboratory – ***include a copy of your Clinical Laboratory Improvement Amendments (CLIA) certificate***
CLIA # _____

☐ Rural Health Clinic – ***include a copy of the CMS All-Inclusive Rate (AIR) for your facility***
Medicare Online Survey, Certification, and Reporting (OSCAR) # _____

☐ Skilled Nursing Facility (SNF) – Medicare OSCAR # _____

☐ Federally Qualified Health Center (FQHC) – ***include a copy of FQHC rates for your facility***
Medicare OSCAR # _____

☐ Critical Access Hospital (CAH) – ***include a copy of CMS CAH rates with this form and DHS CAH rates (if applicable)***
Medicare OSCAR # _____

☐ General Acute Care Hospital – Medicare OSCAR # _____

☐ Other (describe) _____

Name of person completing form _____ Phone # _____

Submit this document along with forms 1 and 2 below. Click *Submit* and attach the forms to the email or fax all documents to **1-320-762-1805**. Forms 3 and 4 must also be completed. Click *Submit* on the forms.

1. ***Internal Revenue Service Request for Taxpayer Identification Number and Certification (W-9)***
2. ***Practitioner National Provider Identifier/Unique Minnesota Provider Identifier (NPI/UMPI) Notification/Request***
3. ***Electronic Remittance Advice (ERA) Authorization Agreement***
4. ***Electronic Funds Transfer (EFT)***

SUBMIT