



CortiCare
 5963 La Place Court, Suite 309, Carlsbad, CA 92008
 Phone: 1-877-819-5462 Fax: 1-888-896-8735

EEG Services Practice Enrollment Form

Practice Name: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Phone: _____ Fax: _____
 Answering Service, After Hours, or Emergency Phone #: _____

<i>Physicians Name</i>	<i>NPI # TAX ID</i>	<i>Username (CC USE ONLY)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administrator: _____ Email: _____ Direct Line: _____
 Clinical Contact: _____ Email: _____ Direct Line: _____
 Billing Contact: _____ Email: _____ Direct Line: _____
 Outside Billing: _____ Email: _____ Direct Line: _____
 Co. Contact _____

▪ CortiCare EEG services will be in compliance with all industry standards and will provide all equipment, supplies, technicians, technological infrastructure and reporting for each study ordered.

INTERPRETING PHYSICIAN:

Corticare's board-certified neurologist will perform interpretation

Physician will perform interpretation and will need review software access

- The Practice and CortiCare may enter into a separate Professional Service Agreement to address instances when billing needs to be processed by the ordering physician.
- The Practice authorizes CortiCare to correspond and speak with internal claims and collections department or contracted outside billing company to execute proper claims submission, reimbursement, and reconciliation of fees for CortiCare services.

Special Requirements:

By signing this enrollment form, you agree to the terms set forth above.

Signature: _____ **Title:** _____ **Date:** _____