



PROVIDER CHECKLIST

As part of the ABCCEDP contracting process, please complete the following table and provide copies of all licenses. Answer all questions. Put "N/A" if not applicable. Information provided is used in our online database system and to allow the ABCCEDP to relay important information to the proper personnel as the need arises. This form, along with all required copies of documents, must be returned with the signed contract.

Name of Physician, Practice, or Facility	
Tax ID Number	
UPIN Number	
MQSA Certification # for Mammography Providers	
CLIA Lab Certification # for Labs	
Physical Address	
Physical City, State, Zip	
Billing Address for Receipt of Payments	
Billing City, State, Zip	
Mailing Address (Program Updates & General Correspondence)	
Mailing City, State, Zip	
PRACTICE EMAIL ADDRESS (Program Updates & General Correspondence)	
Main Telephone Number	
Fax Number	
ABCCEDP HOTLINE NUMBER	

BILLING Contact Person	
BILLING Phone Number	
BILLING Email Address	
CONTRACTING Contact Person	
CONTRACTING Phone Number	
CONTRACTING Email Address	
PRACTICE MANAGER Name	
PRACTICE MANAGER Phone Number	
Number of Physicians	
Number of Registered Nurses	
Number of Nurse Practitioners	
Number of Physician Assistants	
Number of Nurse Anesthetists	
Number of Cytologists	
Number of Radiologic Technologists	
Number of Certified Mammographers	
Method of PAP Collection (select all that apply)	☐ Thin Prep ☐ Slide ☐ Other
Do you now or do you plan to offer separate HPV testing?	☐ Yes ☐ No ☐ Not Now
Attach Legible Copy of license for each Physician, RN, CRNP, PA, Rad Tech, Mammographer, Cytologist, & Nurse Anesthetist	☐ Attached
Name of Lab Used (if not a lab)	
Are patients billed separately for lab procedures?	☐ Yes ☐ No

Attach Legible Copy of Usual & Customary Fee Schedule for Breast & Cervical Cancer Screening & Diagnostic Services on Practice Letterhead	☐ Attached
Are your services billed for global, technical, or professional fee? Select one. <i>If selected codes are billed differently, please indicate which codes are global, technical, or professional on the copy of your fee schedule.</i>	☐ Global ☐ Technical ☐ Professional ☐ Mixture – see notations on fee schedule
Are services and facilities accessible to the disabled?	☐ Yes ☐ No ☐ Other – Explain: _____ _____

Questions regarding this checklist, requested documents, and any other document contained in the contract package should be directed to your Regional Coordinator (see attached Regional Coordinator List). Thank you in advance for completing all required paperwork and for participating in the Alabama Breast & Cervical Cancer Early Detection program.