



BILLING COMPANY INFORMATION QUESTIONNAIRE

Please fill out the form in its entirety for PHP to release member information to your billing company. Please remember to revise the form with any updates including, but not limited to a change in billing companies. Once the form is completed, please fax to:

PHP Customer Service at 517.364.8411

We require that the practitioner(s) or appropriate designee sign the form.

1. Do you employ an account reconciliation company?	<input type="checkbox"/> YES – Proceed to #2.	<input type="checkbox"/> NO – Please sign, date and return this questionnaire.
2. Name of the company		
3. Address of the company		
4. Company contact name		
5. Telephone number of contact		
6. List practitioners that are contracted with this company	Print Name	Signature

SIGNATURE REQUIRED

 Print name of person completing this form (if other than the physician)

 Signature* Date

*By signing this form, you are giving permission to PHP to release patient information to the above named company.

Once the form is complete, please fax to **Customer Service at 517.364.8411.**