PAYMENT INFORMATION FORM

As Government vendors, organizations with Medicare contracts are paid by the Department of Treasury through an Electronic Funds Transfer (EFT) program. Government vendor payments are directly deposited into corporate accounts at financial institutions on the expected payment date. Additionally, CMS must have the EIN/TIN and associated name as registered with the IRS.

Please provide the following information to assist the Centers for Medicare and Medicaid Services in establishing payment arrangements for your organization.

ORGANIZATION INFORMATION

NAME OF ORGANIZATION: ________________________________
DBA, if any: ________________________________

ADDRESS: ____________________________________________
CITY: ____________________ STATE: __ ZIP CODE:___________

CONTACT PERSON NAME: ______________________________
TELEPHONE NUMBER: ________________________________

CONTRACT NO's.: H _______; H _______; H _______; H _______; (If known)

TIN/EIN NAME of business for tax purposes (as registered with the IRS: a W-9 may be required)

EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): ________________

Mailing address for 1099 tax form:
STR1: ________________________________________________
STR2: ________________________________________________
CITY: ________________________________________________
STATE: __ ZIP: _____ - _____

FINANCIAL INSTITUTION

NAME OF BANK: _______________________________________
ADDRESS: ____________________________________________
CITY: ____________________ STATE: __ ZIP CODE:___________ - _____

ACH/EFT COORDINATOR NAME: _______________________
TELEPHONE NUMBER: ________________________________

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: _________

DEPOSITOR ACCOUNT TITLE: _____________________________
DEPOSITOR ACCOUNT NUMBER: __________________________

CIRCLE ACCOUNT TYPE: CHECKING SAVINGS (Please attach a copy of a voided check)

SIGNATURE & TITLE OF ORGANIZATION’S AUTHORIZED REPRESENTATIVE:

_________________________________________________________ DATE: ______________
Signature                     Title

_____________________________       ______________________________
Print Name                        Phone Number

5/21/04