

Facility List

Please gather information for each facility where services will be rendered.

Facility Information – This information will print in Box 32 of a CMS 1500 claim form

| | | | |
|-------------------------------------|---------------------------|-------------|-----|
| Facility ID | Facility Name | | |
| Address | | | |
| City | | State | Zip |
| Phone Number | | Fax Number | |
| Facility Type/Place of Service Code | | Clia Number | |
| NPI Number | Mammography Certification | | |

Facility Information – This information will print in Box 32 of a CMS 1500 claim form

| | | | |
|-------------------------------------|---------------------------|-------------|-----|
| Facility ID | Facility Name | | |
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