

Peak TPA - Network Cover Sheet

Additional Information:

Client:							
Contract	LOA	SCA	Provider:	Add	Update	Termination	
Par N	lon-Par						
Effective Date	e: MM DI	D YYYY	Termination Dat	te: DE	D YYYY		
Vendor (Grou	p) Name:						
Vendor (Grou	o) NPI:						
Vendor (Grou	p) Tax ID N	lumber:					
Vendor (Grou	· -						
Vendor (Grou	o) Fax Nun	nber:					
Provider Nam	o•						
Provider NPI:	c.						
Provider Phon	e Number	:					
Provider Fax N							
Medicare/Osc	ar/CCN# (i	if applicab	ole):				
Billing Address:							
Billing City, Sta	ate, Zip:						
Remit Address	5:						
Remit City, State, Zip:							
*Remit address only required if different than billing address							
W-9 Attached	If not on file, claims will deny until received						
Contract Uplo Contract File		Yes	No				
Fee Schedule	:						
% of Medicare Allowable							
% of Medicaid Allowable							
Pe	r Diem - de	etails atta	ched				
	pitated - d						
Cı	istom Fee S	Schedule -	details attached				
Sequestration Applied You		Yes	No				
Lesser of Applies		Yes	No				
Timely Filing	Limit:						
Submitted By (Required):					Date:		