



## Intermediate Care Facility Provider Information Form ("PIF")

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Please submit the completed form (with any attachments) to: [KPSCAL@Tognetworksolutions.com](mailto:KPSCAL@Tognetworksolutions.com)

\*\*If there are multiple homes that have the same Tax-ID Number, please provide a separate PIF for each of these homes as well as a W-9 with each PIF.\*\*

#### Intermediate Care Facility Information

Legal Name of ICF (hereafter referred to as "Home"):

Legal Entity Tax Identification Number:

\*\*Please attach a copy of the W-9 for this Tax Identification Number\*\*

Description of Legal Entity - Please Check One Box to Indicate the Legal Entity at your Home and fill in the other fields

Corporation

Professional Corporation

Limited Liability Company

Sole Proprietorship

Other  (Please Specify):

Doing Business Name (DBA):

Address:

City, State, Zip:

County:

Phone:

Fax:

Medicare #:

NPI:

Medi-Cal #:

CA License #:

Business Hours and Days of Operation:

Type of Home – Please Check One Box and Indicate the Total Bed Capacity at your Home (includes both occupied and unoccupied beds)

ICF-DD  Total Bed Capacity:

ICF-DD H  Total Bed Capacity:

ICF-DD N  Total Bed Capacity:

#### Business/Contracting Contact Information

\*\*Who should we get in contact with related to the contract with Kaiser Permanente\*\*

Name:

Email Address:

Phone:

#### Name and Title of Person Who Will Be Signing Contract on Behalf of Your Home

Name:

Title

NOTICES (Who should be designated in the contract to receive contractual notices for all the homes listed under the contract)

Name and Title

Address:

City, State, Zip:



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Email	Telephone No and Fax Number:
<b>How Will Your Home Submit Claims/Invoices to Kaiser?</b>	
Paper UB-004 Claim Form <input type="checkbox"/>	Electronic UB-04 Claim Form <input type="checkbox"/>
<b>Billing Contact Information for your Home (Who will be handling the submission of the Invoices/Claims?)</b>	
Name:	
Email Address:	Phone:
<b>Authorization Contact (Person who will be responsible for getting the authorization from KP for Home)</b>	
Name:	
Email Address:	Phone:
<b>Person Who Completed This Form</b>	
<i>After receipt of a completed form, we may need to contact you for additional information.</i>	
Name:	Phone:
Email Address:	

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