Ann & Robert H. Lurie
Children's Hospital of Chicago™
Children's Community Physicians Association

Children's Community Physicians Association
225 East Chicago Avenue | Box 113
Chicago, IL 60611
P 312.227.7425 | **F** 312.227.9526

CCPA Practice Billing Information

Practice Name: ____

Please check all that apply:

Does your practice use a Billing Company? ☐ YES ☐ NO

Does your practice use a separate administrative address for managed care payment purposes? ☐ YES ☐ NO

If you checked yes to any of the above questions, please complete the requested information below.

Payment Remittance Address:

Payee: ____

Billing Address: ____
City *State* *ZIP*

Billing Company Information (if applicable):

Name of Billing Company: ____

Company Address: ____
City *State* *ZIP*

Phone: (_______)_________________ Fax: (_______)________________

Contact if available ____
Last name *First Name* *Title*

I represent and warrant that the above information is correct and complete to the best of my knowledge.

______________________________ ______________________________ ___________________
Authorizing Signature Type or Print Name Date

Please attach a copy of your practice's W-9 with the above <u>payment remittance address</u> information and fax to 312.227.9526 or submit with your CCPA application.