

Report on Medicare Compliance Volume 32, Number 45. December 18, 2023

Sample Request Form for New Provider-Based Departments (PBDs)

By Nina Youngstrom

Here's a form to get the ball rolling on new PBDs. It was developed by Melody Mulaik, president of Revenue Cycle Coding Strategies. Contact her at melody.mulaik@rccsinc.com.

Sample Request Form

Requestor Information		
Name	Title	Request Submitted Date
Email		Phone
I attest that the Department Requirements Checklist has been completed and that I will submit the checklist with this request form.		
Service Location Information		
<ul style="list-style-type: none">• New Service and Location• New Service at Existing Location• Other _____		
DBA Information		
Legal Name	Proposed Opening Date	
Physical Address		

City		Zip
Provider and Hospital Information		
Affiliated Hospital	Affiliated Hospital Tax ID#	
Location	<ul style="list-style-type: none">• On-Campus• Off-Campus	If Off-Campus, how many miles from Affiliated Hospital?

Services Provided per Location	
<div>Services Provided</div> <ul style="list-style-type: none">• ED• Diagnostic Imaging<ul style="list-style-type: none">◦ Has the ACR Accreditation application been submitted?• Lab with Onsite Processing<ul style="list-style-type: none">◦ Has a CLIA Certificate been requested with Form CMS-116?• Lab with Collection Only<ul style="list-style-type: none">◦ Where will samples be sent? _____• Rehab• Other _____	<div>Will the services provided be a duplicate of an existing location?</div> <ul style="list-style-type: none">• Yes - Existing Location Name _____• No <div>Additional Information:</div>

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)