



12300 Old Tesson Rd. Suite 400-C
St. Louis, MO 63128
Phone • 1-855-601-4770
Fax • 1-855-601-4771

Legal Business Name: _____

D/B/A: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ County: _____

Tax ID: _____

Who should we contact at your office regarding AVCC matters? _____

Check appropriate box:

- Corporation Individual/State Proprietor Partnership LLC Other _____

If the name and address to which checks and remittance advices are to be sent is different from the address above, please provide that information below.

Pay-To Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ County: _____

Please complete the information below as it applies to your office

Office Hours _____ Years in Business _____ Medicaid Provider? Yes No

Medicare Provider? Yes No Employees bonded and insured? Yes No

Private Pay Hourly Rates \$ _____ Live In/Day Rates \$ _____ 2hr Shift Rate \$ _____

Website _____

Owner Name(s) _____

Owner Phone _____ Owner Email _____

Director of Operations Name _____ Email _____

Marketing Contact Name _____ Email _____

Billing Contact Name _____ Email _____

Scheduling Contact Name _____ Email _____

Service Zip Codes or Counties (please list below or attach another page)

Provider Signature: _____ Date: _____