



American Veterans Care Connection

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: \_\_\_\_\_