



A Quality Service Provided by FGA, Inc.

FGA claims2cash Provider Setup Form	Email completed form to enrollment@fgainc.com
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Practice/Facility Name

Provider Name

Provider Taxonomy Code	Tax ID
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Practice/Facility Provider Address Street

City	State	Zip Code
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Contact Name	Contact Phone Number
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Vendor Name

Contact Name	Contact Phone Number
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Payer Information

M = Medical Commercial Only HCFA1500	H = Hospital Commercial Only UB04
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Payer ID	Provider ID #	NPI ID	Payer ID	Provider ID #	NPI ID

Confirmations (Enter E-mail address)
