



EAC Submissions

5705 Fieldstone Tr. • McHenry, IL 60050
847-305-7463 ph. • 815-385-4022 fax
www.eacsubmissions.com

EAC PROVIDER ENROLLMENT FORM:

Ambulance / Rescue Company Name : _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Authorized Contact: _____

E-Mail: _____

BILLING SOFTWARE: The EMS Accounting System

Other: _____

NPI Number: _____ Medicaid #: _____

Federal Tax ID: _____ Medicare #: _____

Blue Cross/Shield #: _____ RR Medicare #: _____

BILLING AND WARRANTY AGREEMENT:

Set-up fee: \$75.00 (Waived for EMS Accounting System Customers)

Claim fees: 0.32 per electronic claim (.30 for EMS Accounting System Customers)
0.55 per printed claim

I understand that EAC Submissions will invoice _____ at the address indicated above on a monthly or quarterly basis as determined by my submission volume.

Limitations of Liability and Disclaimer of Warranties:

EAC Submissions warrants that it will transmit the information submitted on behalf of the subscriber as received in a timely manner. This is the sole and exclusive warranty by EAC Submissions. EAC Submissions is not responsible for any insurance claim. The subscriber will retain all liability and responsibility for all claims and will indemnify and hold EAC Submissions harmless on account of all claims including the reconciliation or adjustment of any claim.

Signature: _____ Title: _____ Date: _____