

Practice	<input type="text"/>		
DBA Name	<input type="text"/>		
Pay To Type	<input type="text"/>		
Pay To Address	<input type="text"/>		
Pay To Address 2	<input type="text"/>		
City	<input type="text"/>	Back Line	<input type="text"/>
State	<input type="text"/>	Bank ID	<input type="text"/>
Province/County	<input type="text"/>	Patients Age Group	<input type="text"/>
Zip	<input type="text"/>	Accept Credit Card	<input type="text"/>
Telephone 1	<input type="text"/>	Credit Card Type	<input type="text"/>
Telephone 2	<input type="text"/>	Practice Type	<input type="text"/>
Fax	<input type="text"/>	Practice Status	<input type="text"/>
Email	<input type="text"/>	Practice Start Date	<input type="text"/>
Indicator	<input type="text"/>	Practice End Date	<input type="text"/>
Tax ID	<input type="text"/>	Default Dr	<input type="text"/>
SSN	<input type="text"/>	Default HCFA Dr	<input type="text"/>
NPI No	<input type="text"/>	Default Location	<input type="text"/>
Billing Provider is same as Pay-To Provider		<input type="text"/>	
Taxonomy Spec Codes	<input type="text"/>		
Send To Collections	<input type="text"/>		
	<input type="text"/>		
Fee State/Carrier/Locality	<input type="text"/>	AR To Work End Date	<input type="text"/>

Medeclient Access Info		EMR Access Info	
Medeclient Access	<input type="text"/>	Medenet EMR	<input type="text"/>
Medeclient Scheduler Used	<input type="text"/>	Start Service Date	<input type="text"/>
Date Last Update	<input type="text"/>	Client Access Given Date	<input type="text"/>
Client Access Given Date	<input type="text"/>	Client Access End Date	<input type="text"/>
Client Access End Date	<input type="text"/>		
Report Server Access Info			
Report Server Access	<input type="text"/>	Client Access Given Date	<input type="text"/>
Start Service Date	<input type="text"/>	Client Access End Date	<input type="text"/>

Important: Save the completed PDF form (use menu File - Save).