

Primary and Additional Facility Locations

Please complete below for Primary Company facility location and copy this page and complete for each additional facility location. All changes must be communicated within 15 business days of change to HomelinkCredentialing@vgm.com

Facility Name:			
Address:			
City:	State:	Zip Code (9 digit):	
County:			
Phone #:		Fax #:	
Contact Name & Title:		Contact Phone #:	
Contact Email Address:			
Referral Email Address:			
Medicare #:		<i>(attach a copy of Medicare Enrollment Letter)</i>	
Medicaid #:			
Business License #:		State License #:	
Federal Tax ID #:		<i>(attach a copy of W-9)</i>	
NPI # (If applicable):			
State Sales Tax #:		<i>(attach a copy of Sales Tax Certificate):</i>	
Office Hours (M-F):	Saturday Hours: Sunday Hours: Holiday Hours:	24 Hour On-Call/After-Hours Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Walk-In's Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Handicap Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Appointment Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Open During Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Check the Services that are Provided at the Above Location

Chiropractic: <input type="checkbox"/> Chiropractic Manipulation <input type="checkbox"/> Activator <input type="checkbox"/> Modalities <input type="checkbox"/> Exercise <input type="checkbox"/> Physical Therapy (by licensed therapist) <input type="checkbox"/> Occupational Therapy (by licensed therapist) <input type="checkbox"/> Functional Capacity Evaluation <input type="checkbox"/> Work Hardening/Conditioning <input type="checkbox"/> DOT Exams <input type="checkbox"/> Drug & Alcohol Testing <input type="checkbox"/> Sport Physicals <input type="checkbox"/> X-Rays <input type="checkbox"/> Diagnostic Imaging	Acupuncture: <input type="checkbox"/> Acupuncture <input type="checkbox"/> Herbal Medicine/Supplements <input type="checkbox"/> Electro-Acupuncture <input type="checkbox"/> Modalities <input type="checkbox"/> Exercise	Massage Therapy: <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Modalities <input type="checkbox"/> Exercise
<input type="checkbox"/> Please attest by checking this box that all appropriate training is provided to staff for all services marked above.		