



Payerpath Claims Management Customer Profile

Please complete each section in its entirety. Please TYPE this form **(no handwritten documentation please)**. Please fax or email back to (919) 457-4068 or bonnie.matthews@misys.com. Incomplete information may delay implementation.

Customer Information

Practice Name:		Total # Providers:	
AllscriptsMisys Account No:			
Mailing Address:			
City, State, Zip:			
Phone #:		Facility Tax ID No:	
Fax #:		AllscriptsMisys Practice Mgmt System:	
Specialty:		Internet Provider:	

Billing Agency Information (if applicable)

Agency Name:		Agency Tax ID No:	
Mailing Address:			
City, State, Zip:			
Phone #:		Fax #:	

General Contact Information

Primary Name:		Phone # w/ Ext:	
Email:		Fax #:	
Secondary Name:		Phone # w/ Ext:	
Email:		Fax #:	
IT Contact:		Phone # w/ Ext:	
Email:		Fax #:	

