

Report on Medicare Compliance Volume 32, Number 45. December 18, 2023

Sample Request Form for New Provider-Based Departments (PBDs)

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Here's a form to get the ball rolling on new PBDs. It was developed by Melody Mulaik, president of Revenue Cycle Coding Strategies. Contact her at melody.mulaik@rccsinc.com.

Sample Request Form

Requestor Information		
Name	Title	Request Submitted Date
Email		Phone
I attest that the Department Requirements Checklist has been completed and that I will submit the checklist with this request form.		
Service Location Information		
<ul style="list-style-type: none">• New Service and Location• New Service at Existing Location• Other _____		
DBA Information		
Legal Name	Proposed Opening Date	
Physical Address		

City		Zip
Provider and Hospital Information		
Affiliated Hospital	Affiliated Hospital Tax ID#	
Location	<ul style="list-style-type: none">On-CampusOff-Campus	If Off-Campus, how many miles from Affiliated Hospital?

Services Provided per Location	
<div>Services Provided</div> <ul style="list-style-type: none">EDDiagnostic Imaging<ul style="list-style-type: none">Has the ACR Accreditation application been submitted?Lab with Onsite Processing<ul style="list-style-type: none">Has a CLIA Certificate been requested with Form CMS-116?Lab with Collection Only<ul style="list-style-type: none">Where will samples be sent?RehabOther	<div>Will the services provided be a duplicate of an existing location?</div> <ul style="list-style-type: none">Yes - Existing Location NameNo <div>Additional Information:</div>

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